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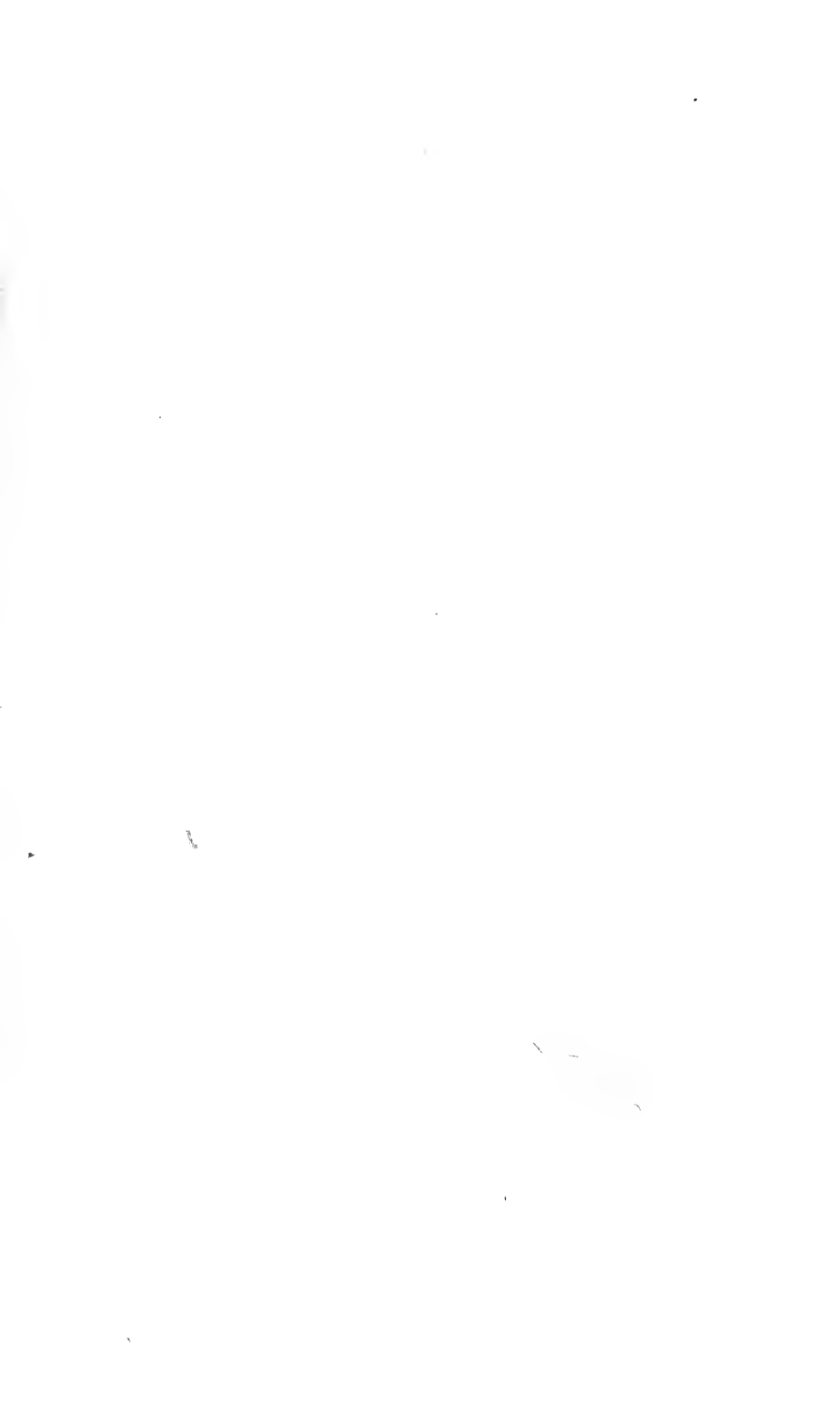
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GRACE ABBOTT, Chief

CHILD MANAGEMENT

By

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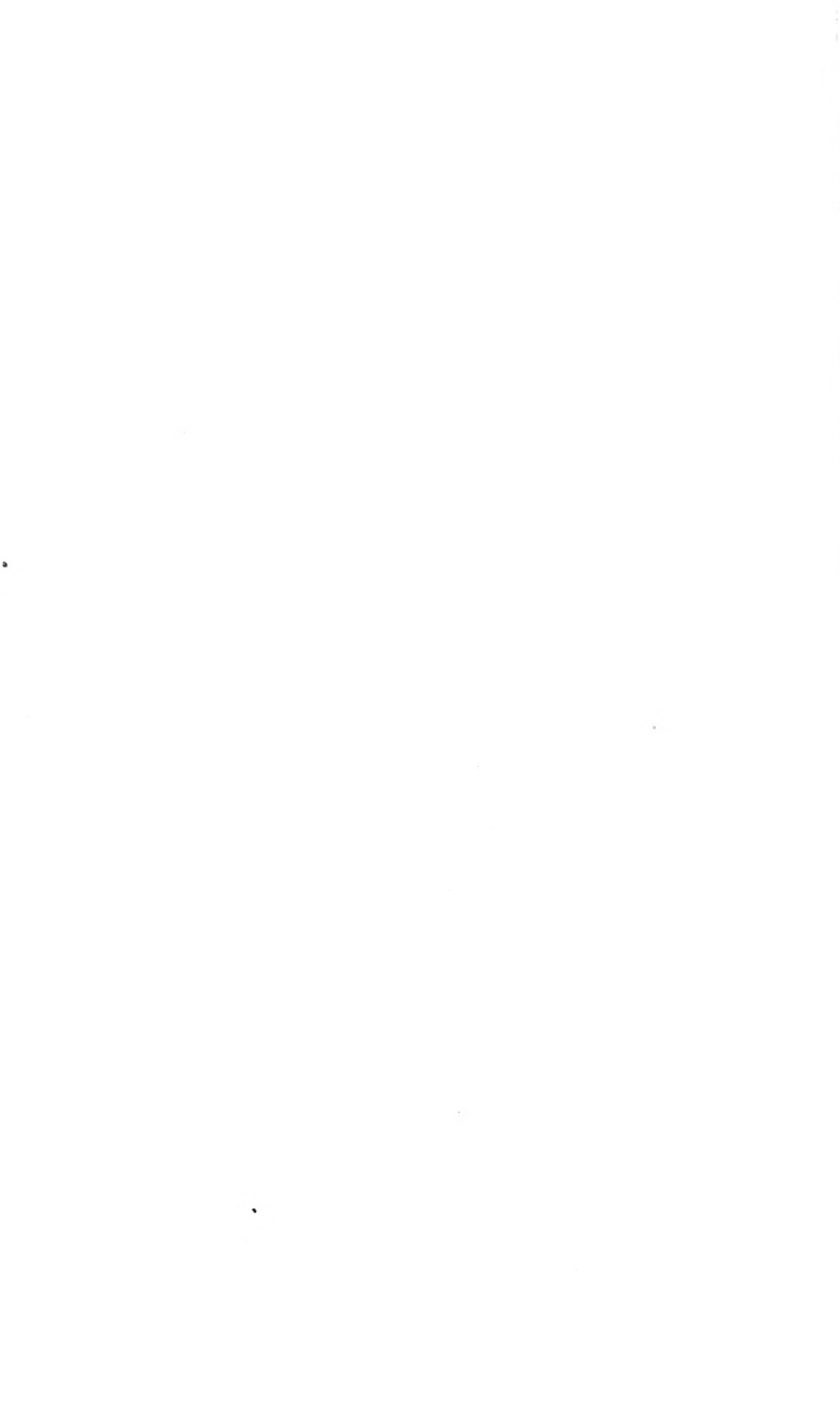
UNITED STATES DEPARTMENT OF LABOR,
CHILDREN'S BUREAU,
Washington, September 1, 1927.

SIR: Transmitted herewith is a bulletin on "Child Management," written for the Children's Bureau by Dr. D. A. Thom, director of the habit clinics of Boston and director of the division of mental hygiene in the Department of Mental Diseases of Massachusetts. This edition has been revised to include a section on enuresis.

Respectfully submitted.

GRACE ABBOTT, *Chief.*

HON. JAMES J. DAVIS,
Secretary of Labor.



CHILD MANAGEMENT

HABITS

The health, happiness, and efficiency of the adult man and woman depend, to a very large extent, upon the type of habits they acquire from their training and experience during early life. Any information which gives the interested parent a better idea of the mental life of the child, methods that may be utilized in developing desirable habits, and suggestions for overcoming undesirable habits may be considered well worth while.

"Habit" is such a common, everyday sort of term, with which everyone is more or less familiar, that it hardly seems necessary to discuss it at all. However, it is in this very fact—that habits are so commonplace and ordinary in the minds of the great mass of individuals—that the danger lies. All too frequently the fundamental importance of forming right habits in early life is minimized or overlooked altogether.

Without any attempt to give a strictly scientific definition, it may be said that habit is the tendency to repeat what has been done before. One develops not only habits of acting but habits of thinking and feeling in certain ways. Habits in regard to the care of the body—eating, sleeping, eliminating, bathing—are easily formed and vitally affect health. Our manners are a collection of habits; we do a rude or a courteous thing almost without stopping to think. If we did not learn the muscular movements which become habitual through repetition we could never play the piano, run a typewriter, or gain skill in athletics. Of course, children must learn the simpler motions first—the use of knife and fork, the buttoning of buttons, and the tying of knots. The morals of most of us are, to a large extent, the result of habits of thinking formed in early life—our attitude toward the drinking of alcoholic liquors or the taking of others' property, or the problem of sex, as well as our attitude toward other people, whether sincere or deceitful, friendly or antagonistic. Most of our prejudices are the outcome of habits of thinking formed in childhood. Many persons as children develop a feeling about racial and religious differences which may lead in later life to intolerance and hatred toward their fellow men. This same attitude of mind is seen in children toward their playmates who have the misfortune of being orphans, or the child whose mother is a scrubwoman, or whose father is a garbage collector, or who is boarded under the care of a child-placing agency. Care should be taken to see that children are early taught kindness and consideration for those less fortunate, for unconsciously they will form their attitudes from the home atmosphere.

All these tendencies toward thinking and acting in certain ways, which are called habitual, are the outgrowth of training and expe-

rience. They are not inherited. We begin to form habits at birth and go on through life, forming them quickly and easily in youth and more slowly and with difficulty as the years advance. The oftener the act is repeated or the thought is indulged in the more lasting the habit becomes. Since habit formation begins early and is more or less constant throughout life it is of great importance that emphasis be placed upon establishment of desirable habits.

A young child has certain characteristics that make the acquiring of new habits easy. For one thing, he is suggestible; that is, he accepts without reasoning about it anything which comes from a person he looks up to. "My father said so" or "My mother did it" makes a thing absolutely right for a little child. Again, a child naturally tends to imitate the words, actions, and attitudes of the people around him, and this makes it of the greatest importance that older people furnish him the kind of models they want to have copied. Furthermore, a child wants to please those he loves and wants to have them say so. At first it is only father or mother or some one in the immediate family whose good opinion he wants. Then it is the kindergarten or school teacher. Finally, at 9 or 10, the praise or blame of his playmates or of the gang leader concerns him more than anything else. When this stage is reached parents should not be disheartened and think that their boy is developing into a black sheep. It is a perfectly natural stage which children pass through and which calls only for greater care in the selection of wholesome companions.

This attitude of concern regarding what other people think is a force that parents may use in developing right conduct. Rarely is a child found who does not care for the approval of some one, and training should make a child realize that it is to his advantage to win approbation for desirable acts. Praise for unselfishness, kindness, and general consideration for others tends to perpetuate that type of conduct.

Some parents play upon a child's natural sympathy for others until it becomes like a worn-out elastic band which has been stretched till it is useless. "Don't make a noise; mother's head aches," may make a child sorry for mother at first, but if it interferes with every bit of happy play he has he soon learns to be hard-hearted about it. On the other hand, real sympathy for others, which is one of the finest qualities of personality, may be developed by training and form the basis of a habit of kindness and understanding which will last throughout life.

Plasticity, which, as William James states, means "the possession of a structure weak enough to yield, yet strong enough not to yield all at once," is a mental characteristic in a child's life which permits him to adjust himself to the numerous and varied changes necessary during the early years of life. It is the same characteristic which permits the adaptations in adult life that promote happiness and efficiency. It is this plastic state of the child's mind which prompts him to develop new methods of reacting from day to day. It is the characteristic that is absolutely essential to the formation of new and the giving up of old habits. It is this instinctive tendency with which the child is born that facilitates habit formation.

A child must be thought of as something more than arms and legs which are always tearing clothes and getting into trouble, eyes and

ears which are seeing and listening when it is inconvenient for adults to have them, and a stomach and other internal organs which get out of order sometimes. A child has a mental life far more delicate and complex than his physical body, far more difficult to keep in order and much more easily put out of adjustment. A child lives a real mental life, full of hopes, ambitions, doubts, misgivings, joys, sorrows, and strivings that are being gratified or thwarted much the same at 3 years of age as they will be at 30. The home is the workshop in which the character and personality of this individual are being molded by the formation of habits into the person he will be in adult life.

THE PARENT

In the discussion of habits in general and a few of the outstanding problems that concern the child during early life emphasis has been placed upon the importance to the child of the home and the community in which he is reared.

Though father and mother alike play important rôles in the development of the child, the discussion so far has been addressed chiefly to the mother, in appreciation of the fact that the greater part of her time and energy is spent in the actual care and supervision of the child. Interest and love alone on her part are not enough to assure success in handling the innumerable problems met with in the management of children. The very love of the mother for her child may be the "stumbling block" that prevents her from successfully fulfilling the obligations of her parenthood. This love is invariably associated with excessive worry, anxiety, and, at times, definite fear which prevent the most intelligent approach to many problems of childhood.

Oversolicitude on the part of the parent or parents may put the child in an entirely new setting. Children may become self-centered and develop innumerable imaginary complaints simply because illness is looked for and any existing ill health is exaggerated. We are all familiar with the marked changes in behavior which often take place in children who have met with an accident or undergone some illness. Suppose the boy returns from the hospital or begins to convalesce at home. Everything centers about the youngster, everybody is subservient to his demands. Under such conditions is he not apt to become selfish and domineering? His whole personality may so change as to cause worry and anxiety to his parents, who erroneously and unfortunately attribute the change to the illness rather than to the changed attitudes in the home. The same situation is repeated in a lesser degree but over a longer period of time by the unreasonable fears and anxieties of the oversolicitous parent. Not infrequently children exploit their illness to avoid an unpleasant duty or to gain extra attention.

The study of one little girl seen a short time ago demonstrates this point clearly:

Mary, at 7, dominated the entire household. Mother faithfully fulfilled her slightest wish, fearing to cross her lest she become ill. Her sisters patiently shouldered her share of home duties and quietly gave way to her at every point in order to avoid, if possible, the almost inevitable outburst of temper which was so upsetting to

the household. Her ready excuses for all occasions were "You mustn't mind what I do; you see I've been sick," or "I'm not strong enough to do that 'cause I've had paralysis."

It is true she had lived through more than her share of illness and was accustomed to admiration and interest from doctors to whom she was frequently shown as an unusual case.

Her "alibi" of ill health helped her over many difficult places in school, and at home special concessions were made for her and she was excused at every turn. Her whole life seemed built about this desire to hold the center of the stage.

Through a radical change of attitude on the mother's part this little girl, who was fast developing into a chronic complainer, has now become a hearty, normal youngster, gayly competing with her sisters in "helping mother," trying each week to learn to do one new task independently, and striving toward an ideal of robust good health rather than desiring the rôle in life of "interesting invalid."

After a little judicious neglect and ignoring, the alarming physical symptoms which so greatly troubled the mother vanished. The marked tremor of Mary's hands, which made it seem necessary that the mother feed her each mouthful she ate, disappeared, as also did the tremor of voice. After determination by physical examination of the child's actual condition an appeal was made to her ambition and pride. Her desire for attention and wish to excel were turned away from the goal of ill health. With encouragement on the part of the physician and her mother and with faith in her ability to make good she is now taking her part in home and school, standing on her own feet, and learning to face life as it is.

Some parents greatly fear that their children will get hurt (which, by the way, is not an unreasonable fear in the crowded tenement sections) or that they will associate with children of undesirable neighbors and perhaps pick up profane or obscene language. Even so, it may be better to take a chance than to cripple a child's life by allowing him no opportunities to learn independence and develop initiative. The child who is closely tied to mother's apron strings is deprived of all chance of really learning how to live with his neighbors. When the time comes to break the home ties and enter school he is lacking in strength, courage, and resourcefulness. This lack may handicap him through life.

There is so much real joy for most mothers in the affection they receive from their children that there is grave danger that the child may be "babied" too much. Perhaps in the heart of every mother is reluctance to see her child develop independence, and there may be more satisfaction than she is willing to admit in the fact that he clings to her so tenaciously, that he refuses to eat unless fed by her, and that he refuses to go to bed unless she lies down with him. This present enjoyment for the mother will have to be paid for later by the child. It is the normal, natural thing for a child to assert his independence and assume the full limit of responsibility at the earliest possible age. Let him try and fail, if need be; he will learn by mistakes. Often it is easier to do the things for him which he is slow in doing or finds hard, but wait, give him time. The habits of dependence which are fostered by parents often make it well-nigh impossible for the boy or girl to stand alone in years to come.

Very early in life the child must learn that things can not be his simply because he desires them. Do not try to give him everything he demands or wishes; he must develop the habit of foregoing certain of his wants, of giving when he would like to take, and of dividing and sharing his toys. He will not understand why he should do these things, but even a little child can appreciate that such acts bring approbation and praise and make other people happy. In this way he will grow to manhood with courage to face the disappointments and failures of everyday life.

Always avoid bribing and do not make promises which you know you can not or do not intend to keep. So often we hear, "Now, Johnny, be a good boy and mother will buy lots of candy," or "Do this and mother will give you a penny." Soon Johnny will no longer be satisfied with one penny, and you must give him two and then three. A child with a little determination can easily work this method to his advantage. Or again, if a reward has been promised and the little girl or boy has made a great effort to do as asked, do you carelessly disregard the just demand for the reward?

A child is quick to realize it if he is being cheated or deceived. Frequently parents will misrepresent or lie to a child to keep him quiet or to gain a desired result. Often this is done quite unconsciously; then, suddenly, without realizing how it has happened, the mother awakens to the fact that her child has no regard for the truth and has lost confidence in the statements of others.

Threatening a child is a common method of setting out to obtain control. It is, however, useless and inexcusable. The simple statement of what will follow if a child persists in disobeying can not be considered a threat if the promised results really follow. But many parents indulge in meaningless threats. "Be good or the doctor will cut your tongue out," "Stop or I'll go for the policeman," "Be quiet or I'll lick you," or "The old man with the bag picks up little girls who don't mind their mothers, and they never come home again"—these and many others are in everyday use, with one of two results. Either the child is controlled by terror, which may have a far deeper and more disastrous effect than is apparent, or he senses the fact that none of the promised happenings takes place and develops an utter disregard for them. Either result is unsatisfactory and should never be brought about.

To the child the parent should be companion, friend, and confidant. The parent whose little child brings all his troubles and doubts to him for solution has established a relationship of tremendous value. This can never be brought about if the parent's attitude is cold and repelling. A mother who is too busy to bother with a little child's nonsense will never be bothered by his real problems.

You may be sure that each event of the day is receiving consideration by the child. The interpretation he is giving the simplest doing may not be known to us and may be far from the correct one. Don't further confuse him by talking "over his head" in partially disguised language about things he should not know. Few parents realize how much children understand of what they hear. Don't talk about him in his presence or laugh at him. Self-consciousness is quickly developed. He may be hurt by the laughter which he does not understand, or it may create an unwholesome desire to "show off" and attract further attention.

A child should be treated with as much courtesy as an adult. Children have affairs and plans of their own which they are following. These plans are frequently utterly disregarded by the "grown-up." If they must be interfered with, let it be with some explanation and consideration for the children.

The small daughter of a young couple was playing contentedly on the hearth by her father's feet when her mother called from upstairs for her to come to bed. Two or three minutes more and Betty could have completed the task she had in hand and, had mother known this, she would have waited before calling her. With a quivering chin and eyes filled with tears Betty turned to her father saying, "But, Daddy, I don't want to go. I want to finish." Father could see the little girl's point, and his answer was, "That's too bad, Betty. Mother didn't know how near through you were, or she would have let you finish; but never mind, 'orders is orders,' so run off to bed." And off she went. In this way he showed that he sympathized with her in her disappointment and that he expected her to meet it bravely, and he also upheld the mother in her request—all in a considerate, understanding way.

It might here be said that one of the fundamental rules of child training should be that parents present a united front to the child. If differences in judgment occur, let them be settled in private.

There is no finer or more important job than being a parent. This generation or the next will not handle it perfectly. There is a great deal to learn, but much will be accomplished if the approach to the problems of childhood is not blocked nor impeded by anger, fear, oversolicitude, or the idea that being a parent means at all times being obeyed. Kindness, common sense, and an effort to understand the child's own attitude toward his difficulties will do much to bring about an intelligent solution for most of the problems.

FEEDING

One of the first tasks which confronts the mother is that of supplying proper nourishment to the newborn child. Because of the delicate organism which must be dealt with and the close relationship between the emotional and the physical life of the child the problem may be best handled by a physician who is skilled in the treatment of children's diseases. Not infrequently difficulties regarding the feeding of the child and the child's attitude toward his food can not be explained on any physical basis. It may be that diagnosis, treatment, and cure have taken place with regard to some physical condition which might well have been the cause of a given feeding difficulty, and still the problem is unsolved. It is with this group of cases in which every physical basis for trouble has been eliminated that this discussion is particularly concerned. The common complaints in these cases are absolute refusal of food, refusal to swallow, the sucking of food after it has been taken into the mouth, and vomiting if the child is forced to eat. Experience has shown that many of these habits are easily explained by situations in the home. The attitude of the parent toward the child, unwise selection of food, making the meal too important, or creating scenes to which there is attached unpleasant emotion—all increase the difficulty.

In the minds of many parents poor appetite is associated with poor health, and it is therefore only natural that a poor appetite in a child should arouse worry, anxiety, and oversolicitude in the parent. In the type of cases under consideration there is frequently no relation between faulty food habits and poor appetite; in fact, it is quite noticeable that many of these children with faulty feeding habits are by no means poorly nourished, underweight, anemic individuals. The problem usually resolves itself into the quality of food taken, the method of taking it, and the necessary outlay of energy and effort on the mother's part to force adequate nourishment upon the child.

One of the most common mistakes the mother makes is brought about by her preconceived notions that every child requires the same amount of food and that every child must necessarily eat every meal. With this idea in mind she becomes fretful and emotionally upset if the child fails to meet her standards. Notwithstanding the fact that the state of nutrition is one of the most important indicators of the child's well-being, it does not hold true that all children require the same amount of food, that they must necessarily be of the same height or weight at a certain age, or that any particular harm will follow if they miss a meal or two. It is frequently this undue anxiety on the part of the parent that tends to make the meal hour an event rather than an incident in the daily life of the child. This is seen clearly in the case of a bright little girl of 6. Her mother died of tuberculosis, and the father is haunted by a fear of the child's having contracted the disease. His one desire is to see her fat and rosy. Three large meals a day are forced upon this child by an overwrought father who in his anxiety creates such a tense atmosphere in the home that Sally loses all appetite or bolts her food in fear of the wrath to come, or, in a different mood, waits to be coaxed and bribed to swallow a single mouthful. Instead of being a simple routine, mealtime offers an opportunity which the child sees and grasps for staging a little drama in which she is the principal figure, the object of solicitude and concern. The meal itself has lost importance and all depends upon the child's wishes.

Who does not like to feel his own importance and power? Small Tommy, by eating or not eating, can pretty well control his parents and make them bow to his will. Mother herself may unconsciously defeat her own desires. She may start the meal by reminding Tommy that he did not eat his breakfast. There may follow a period of teasing and coaxing or threatening and bribing, all of which, if Tommy has a will of his own, may make him determined not to give way, or he may compromise and eat if mother will sit down to feed him, even though he can well perform this task for himself. Then, the meal over, Tommy hears the whole situation reviewed to a neighbor who drops in and to whom mother turns for sympathy. Most people like to be "unusual" or "different," and according to mother, Tommy is decidedly so. Is there any wonder he should strive to maintain the rôle?

The relation between functions of digestion and emotional states of mind is a close one. Desire for food is greatly affected by feelings of anger, jealousy, sorrow, or joy. As the emotions in children are much more unstable and more quickly aroused than in later

years, it is easy to understand why a child who has been forced to eat some particular article of food for which he had no desire, or to eat more food than there was a physiological demand for, should reward his mother for her efforts in feeding him by rejecting the entire meal.

This habit of vomiting food may start as a purely physiological process, as described. If, however, the act produces on the part of the parent undue care and attention, it may be repeated on other occasions for quite a different reason; that is, as a definite demand for attention.

Every effort should be made to have the child in a calm and cheerful state of mind at mealtime. If he is tired or sulky or greatly excited, he probably will show a lack of appetite, and food may be distasteful to him.

Until good habits of eating are well established, have the child eat alone where, without an interested audience, he may learn to feed himself and slop and spill if need be while he learns. In this way there will be less to distract him, and he will not see and desire things which are provided for the adults and which he is better off without. If mother sits with him for company, she should have something to take up part of her interest—some sewing, for instance. The child will not then feel her entire interest focused on him. Nothing can be worse for the child than to feel that it is of vital interest whether or not he eats his food. Conceal your anxiety, and treat the meal hour as a pleasant but incidental part of the day's program.

If for some reason the child can not or will not eat the meal before him, do not force him or talk the matter over before him. There is grave danger of arousing an antagonistic attitude toward a particular type of food by insisting that it be eaten the first time it is presented. There is probably a certain resentment on the mother's part if her command is disputed, and perhaps there is some feeling, though it is entirely unjustified, that if she can not make Johnny eat spinach or carrots the first time they appear on the table he will never eat them. As a matter of fact, there is more danger in creating an unpleasant scene which will recur to the child when next he sees these foods, and so prevent his eating or enjoying them.

Dainty serving of food goes a long way in arousing appetite. A small table and china "all his own" or being allowed to sit in mother's place at the table may have a great appeal. Let the child know that when he learns to feed himself in a quiet, efficient manner he may then come to the table with the "grown-ups." This may give him incentive to strive for perfection. Occasionally consult the child's preference about his food, but never let him feel he is free to dictate as to what he will and will not eat. Teach him that certain foods are required if he is to grow big and strong and rugged like the "Daddy" he adores. Do not insist on pushing him; lead him once in a while. Little harm will result from his missing a meal now and then. There are times when food is repulsive to children for no apparent reason. There are other occasions when their mood is such that they enjoy arousing anxiety, worry, and solicitude in the parent. You will find when this is the case and the child says he does not want any lunch that it is

wise to reply that it is quite all right and if he is not hungry he may run out to play. You have thus removed every resistance which he hoped to battle against, and if this is just an emotional attitude it is unlikely that he will take any chances on missing a meal in the future.

Remember that children are quick to copy and if, for instance, grandma is on a limited diet and can not eat this or that, or if father frankly emphasizes his likes and dislikes, the child is apt to become finicky and notional in his eating. The child who early learns to eat with a good appetite whatever is set before him will be saved much discomfort and embarrassment in later life.

Of course, the child should have plain, nourishing, easily digested food that is well cooked and served in small quantities. Regularity in serving meals is of great importance, not only for physiological reasons, such as keeping the intake of food evenly regulated in order that the digestive apparatus may work smoothly, but for other reasons as well. Obviously, if a child learns that food is available at any hour of the day he will not be greatly concerned in eating at any definite time. It should be understood by the children and strictly adhered to by the parent that if the youngster does not eat at the allotted hour he gets nothing until the following meal. Care must be taken, however, that he is not fed between meals by other members of the family or supplied with pennies with which he can buy sweets to appease his hunger during the interval. The child should not be hurried during the meal, nor should he be given sufficient time to play and dabble with his food. The ordinary meal for a child should not require over 30 minutes at the most. If by that time he has not finished remove the food without any comment. And again, remember, the meal hour must not be at a time when the child has an opportunity of "putting himself across" as an individual of importance because of his attitude toward taking his food.

JEALOUSY

Few emotions are experienced by man which from a social point of view are more important than jealousy, and perhaps no emotion is so dependent upon early environmental conditions for its development. It arouses anger and frequently hatred toward the object of jealousy. It causes the jealous individual to feel disregarded and inferior to his friends and neighbors, it damages his pride, and it lowers his self-respect. This may produce a desire for revenge and retaliation or may cause him to withdraw and hide his true feelings under a mask of indifference.

We are all familiar with one or more of our friends or acquaintances who have what we call a jealous disposition. Not only are they jealous in reference to their love and friendships, but also of good fortune which falls to others. Pleasure and happiness can be only temporary for this type of individual. Their satisfaction with life is constantly being interrupted by their attitude toward the achievement and happiness of others.

One of the most common situations which stimulates jealousy in the child is the birth of a new baby. This is not surprising when quite suddenly and unexpectedly this child of 3 or 4 finds his

mother devoting practically all her time to the intruder. It may be that the child has been through a period of worry and upset. Often the older child is sent away during the mother's confinement. This may be the first time he has ever been away from home, and adults can little appreciate what this may mean to him, even though he be with the most well-meaning of relatives. His entire world is in upheaval. How can he know that it will ever come right again? He puzzles his little head over this, is told time and again that he is going back to mother and daddy, but when he gets there he appears to be supplanted. Or it may be that he stays at home, and mother is taken away to the hospital with little or no explanation to him. Again he is faced with an upset world. Why has mother left him? Will she really come home again? Then she comes, but not with undivided attention for him. Mother's love and attention must be shared; small wonder that feelings of hatred for the baby are aroused.

However, this attitude toward the newborn baby can invariably be overcome if the older child is confided in and told that he may expect a new little brother or sister. He then awaits its arrival with interest and pleasant anticipation. Handled wisely, what might be a most unpleasant event in his life becomes a real pleasure which will mean companionship and a new playmate, some one to care for and protect. This sense of responsibility will work out to the advantage of both children. If, in the course of events, the older child does become jealous of the baby, never foster this attitude by teasing or encouraging it, or by looking upon it as something that is "funny" or "cunning." The emotions of childhood are far too dangerous to be toyed with in this way. Intelligent parents will find numerous ingenious ways to convince the child that he is still just as much loved and as important a member of the household as he was before the "usurper" arrived. It is simply a matter of giving the older child a little more time and attention and a little assurance that he still holds the affection of those he loves.

Often a child will become markedly jealous when the parents show affection for each other or for children outside the family circle. Unfortunately parents not appreciating the gravity of such a demonstration are frequently flattered by the child's resentment. This interesting and unusual display of emotion appeals to them and they term it "cute," making every effort to perpetuate and exaggerate it and even arousing it for show purposes when visitors come in. In one case the daily delight of the father of a little girl of 2 was to incite her to wrath on his return from work by cuddling the baby sister and ignoring the older child. This continued treatment has so warped her outlook that at 5 she stands at odds with the world, disliked by family and playmates, defiant, belligerent, and frequently making vicious attacks upon the sisters by whom she feels she has been supplanted. This, of course, is an exaggerated instance, but situations of this sort are far more common than most people suspect.

Again, jealousy is aroused in one child by the constant praising and holding up of brother or sister as a model or persistently pointing out shortcomings and defects in the child who is inclined to be jealous. Nothing is more disastrous than playing the merits and abilities of one child against those of another. It causes feelings of

bitterness, resentment, inferiority, and inadequacy. No family is big enough to play favorites or show partiality.

In order to avoid as far as possible the development of jealousy in the child it is necessary to deal with that common characteristic of childhood called selfishness.

The child must learn that he has certain obligations toward his family and later toward the community in which he lives. As early as possible he must begin to think of what he does and what he says in relation to other individuals and how his words and acts affect them. He will be repeatedly told that such and such an attitude in a given time or place is right or wrong. He will live in an environment where he can see that his pleasures and those of others are being considered by each member of the household. Thus, long before he can reason why, he will have acquired certain habits, developed largely through suggestion and imitation.

The jealous child is apt to be one who in early life has not had the opportunity of developing interests outside himself. The only child is in a position to become self-centered. This is especially true if this child has been brought up in a crowded section of the city where he is confined to limited quarters with no companionship except that of his mother. He is, to be sure, monarch of all that is within his reach, but his field is far too limited. He has no knowledge nor chance to gain knowledge of the interests and activities of other children.

The same holds true in a greater or less degree with a child who, by illness or accident, has been prevented from making early contacts with other children and has had only the companionship of an oversolicitous mother. He, too, becomes impressed with his own importance. Not infrequently one child in a family is especially favored by one parent or the other, being protected not from experiences but from the natural consequences of those experiences. Such children in later life are of the type who fail to recognize superiority in others and are intolerant and resentful toward authority.

It is fairly safe to assume that if a child can be taught habits of unselfishness in the home, where his personal attachments are strongest and where he would naturally have more provocation to jealousy, and can learn to meet successfully the situations which develop there, he will encounter little or no difficulty from this emotional handicap when he gets outside.

If it so happens that there are no other children in the home every effort should be made to bring the child into association with children outside, even at the risk of physical dangers in the street and the chance of picking up some of the vocabulary of the alley.

The child should be taught to share his toys and playthings, his candy, books, and pennies with other children. In games he must learn to strive for the good of the group and not for personal achievement. If defeated, he must learn to acknowledge better playing and take it with a smile. Children should learn to play many games with fair ability rather than to excel in one particular game. There is a great tendency, not only on the part of

children but on the part of adults as well, to cling to the things they do exceptionally well and retire from the field of activity where they do not excel. Unselfish conduct should always be rewarded by commendations and occasionally by something of a material nature. There is certainly no disadvantage in the child's learning from experience that unselfishness is a paying proposition.

It is the jealous child who becomes the jealous man or woman. As a child he encounters innumerable difficulties in getting on with his playmates. Because of this he develops a sense of failure and shame which is a tremendous handicap. He feels wronged and neglected; he has missed a "square deal." His self-centeredness becomes more marked, and he draws away from his playmates and the activities of life thoroughly discouraged; or he may become domineering and pugnacious in an effort to gain attention for himself. Later in life this emotion causes an inability to share in the joys of others and makes it impossible to see others succeed without manifesting open resentment. The jealous person becomes an object of dislike. Often he develops the idea that he is unjustly treated or persecuted, and all too frequently this idea causes uncontrolled resentment and disastrous results.

Study your child. Find out why he behaves as he does. Is he aggressive, belligerent, and defiant? Is he sullen and resentful, or does he explode in outbursts of temper which clear the atmosphere? It may be that he is shy, quiet, and always a model of good behavior, letting life slip past him without taking an active part. Think the thing over; try to see his reasoning. Remember that the attitude he is showing may be the very opposite of what he really feels. Aggressiveness and defiance may be a mask for feelings of failure and discouragement; passive indifference may cover deeply wounded feelings. On the other hand, the child's conduct may be only the result of imitation and may be patterned after an admired "grown-up" or child with whom he comes in contact. Take time to know your boy or girl; it will prove in later years to be time well spent.

FEAR

Fear is perhaps the most common emotion which human beings experience, yet it is extremely doubtful if the child has any inherent fears at birth. Most fears are produced by some experience through which the individual has had to pass in early life.

In dealing with children we are very prone to speak of their foolish fears, yet they are foolish and unreasonable to us as adults simply because of our inability to understand how certain experiences have left upon the mind of the child impressions and feelings which govern conduct for a long time. A large number of parents frighten children either as a punishment or as a means of obtaining desired conduct, and perhaps only a very few parents take the fears experienced by their children seriously enough. They do not make inquiry into their cause nor make efforts to eradicate them by careful explanation.

There appear to be two distinct types of fear—what might be called objective and subjective fears. The first are fears of things which can be seen or heard, like animals, policemen, doctors, lightning, guns, and high places. The subjective fears are more intangible, and the causes are very hard to find. They are based on the feelings and attitudes of the child to something which he has heard and upon which he has brooded without daring to express his fear.

Objective fears are usually more easily recognized and comparatively easy to overcome. Sometimes the child has forgotten the experience with which the fear was associated in the first place, but if it can be recalled the fear can be taken out of it by a straightforward explanation.

Some children are afraid of anything new or strange, but they soon become accustomed to it if they are allowed to do so gradually. It is a mistaken notion that a child should be pushed into a situation where he is afraid in an effort to "train him." A little child who cries at his first experience of bathing in the big ocean is not helped by being thrown in, but on the contrary gets an experience of dread and fear of water which may not be easily overcome.

Fear of animals may occur at a very early age but usually passes off as soon as the child becomes accustomed to the sight of them, unless he has some especially unfortunate experience in being frightened either by the animal itself or by threats that the animal will get him if he is not a good boy.

Many children are threatened with the policeman or the "bogey man." Sometimes mother speaks to the ragman and asks him to take a naughty boy away in his bag. It is particularly unfortunate when mothers use a threat of the doctor to frighten their children into obedience, for the time may come when a child's life may depend on a doctor's being able to get him to take treatment without crying or struggling. "The doctor cuts the fingers of little boys who touch things" is not good preparation for such an emergency.

Often fears are due to unpleasant experiences for which the parents are in no way to blame, and may even extend to things which are merely associated with the unpleasant experience. For instance, a child who has been hurt in a doctor's office may be afraid to enter any place which looks like a doctor's office. A book agent, with his black bag, may be a terrifying figure to such a child. This is a very different thing from fears that are produced in the child's mind by threats. The fears based on a real experience can be overcome by gradually associating pleasanter things with the same situation or by appealing to the child's courage to face his fears bravely.

Children quickly adopt the attitude of their parents, be it one of bravery or fear. Many mothers wonder where their children get their fear of lightning or animals, forgetting that they themselves have shown fear when they thought the children were not noticing.

Such was the case with little Ellen. Her mother thought the child inherited from her a fear of the dark and everything strange. Ellen would awake screaming at night, saying some one was climbing in at the window. Her mother compared this in the child's hearing to her own fear of being left alone of an evening when she thought

every sound meant a lurking marauder. The mother had heard many ghost stories in childhood, and though she denied that she had ever told them to Ellen, she talked quite freely about them in her presence. It is not hard to see where this child's "inherited" fears originated.

If the child develops a fear of loud noises and flashes of light, such as thunder and lightning and firing of guns, he can overcome it only with the help of intelligent suggestion from the parents. He must see from their attitude that there is no occasion for fear. The mother who is terrified by these situations and whose fear is openly demonstrated before the child can be of no assistance to him. Imitation clearly plays an important part in the development and control of fear. This may be seen, for instance, if things go wrong at sea and a ship is in danger. One panic-stricken person may start a stampede for the lifeboats, whereas one calm and fearless officer can quell the impending panic and control the situation.

The subjective fears are very hard to trace back to their cause and to overcome. They are often so vague and intangible that an adult would not dream that a child could be thinking of such things. As Victor Hugo says in his *Recollections of Childhood*, "But a thing once said sinks in the mind; that which has struck the brain often, from time to time comes back again, and in the breast of simple infancy lives unexplained full many a mystery."

For example, vague and poorly formulated ideas about death are the basis of more mental anxiety in children than is generally supposed. To one child death meant being buried in a hole, another child had a fear of being buried alive, and many children are disturbed by the line in the evening prayer which is familiar to most children, "If I should die before I wake." It would be impossible to state all the vague fantasies of childhood about this ever-present problem of death, but it should not be difficult to give the average child a conception of death and the hereafter which will do much to allay the common fears surrounding this mystery.

Another common fear which children have is that of being deserted by their parents. This undoubtedly is brought about in many instances by their having been told at some time or other that if they were not good their parents would go away and leave them. Some parents even wrap them up and say they are going to give them away. One mother, who had to go to a hospital for a week's treatment, told her little girl, 3 years old, that she was going out to buy a loaf of bread. The child watched at the window for her mother to come back, and when hour after hour passed she became terrified. Once she was taken past a huge building where she saw her mother in a bathrobe sitting at a window but could not speak to her. Weeks later, when mother was at home and well, this child could not sleep at night fearing that her mother would go away again if she closed her eyes. Fear of being deserted is not often expressed in words but more often in the attitude of the child toward the mother, so that separation, even for a moment, produces an unpleasant scene. A child with this hidden dread may give up games with other children in order to stay close to mother's side, and, even up to the age of 10 or 12, may return home frequently to make sure that mother is there.

Things said in jest may cause great anxiety to a little child. A man, now a college professor, relates how he suffered for weeks in boyhood because some one told him that if he ate bread and molasses horns would grow on his head. He at once gave up eating that delicacy without explaining to anyone through fear that he would be laughed at. Then he imagined that he had lumps on his forehead. In a frenzy of anxiety he asked his mother if she could feel the horns, and she, thinking it was a part of some game, said, "Yes, I believe I do." The grown man still feels the pain of that experience.

Fear is a driving force in human conduct. It makes us do things; it keeps us from doing them. It protects from danger, and without a reasonable amount of fear mankind could not live. It is useless to talk about eradicating fear, but in training the child every effort should be made to see that fear does not become a curse instead of a means of protection. A child should fear punishment, danger, loss of the approval of those he cares for, and, when he becomes old enough to appreciate it, loss of the approval of his own conscience. He should not have to spend his early years weighed down by fears which make him nervous and sleepless at times, afraid to play happily or work with enthusiasm, all because some one found it convenient to get him to obey through fear or failed to help him by wise understanding and explanation at the right time to get rid of the scars of unpleasant experiences.

ANGER

Anger is an emotion which practically every individual experiences from time to time. It is an intense emotion and one which often leads to undesirable conduct. This is particularly true in children who, because of their limited training and experience, have not developed adequate self-control and are therefore apt to show a vicious attitude toward the object which has aroused their anger.

Anger is frequently stimulated when any of the instinctive tendencies are thwarted or obstructed. How often the little child is seen to turn in wrath on the blocks that will not stay one on another or the train of cars that will not go. He strives to break and destroy them because he can not construct or operate them as he wishes. Again, the child, and the adult too, is seen to show anger when personal wants are obstructed or pride and self-importance are injured. Fear, with no outlet for flight or escape, may arouse anger, as in the animal at bay. It is produced, therefore, by innumerable causes that may operate in the environment in which the individual is living, and it may express itself in many different ways.

In dealing with this emotion in children it is necessary not only to be sure that a certain act was an expression of anger but to determine, so far as possible, how the anger was aroused. For example, a solution is sought for the problem of a child who for two weeks has been breaking window glass. Among other things investigation may show that he was always angry when he broke the glass. The next step of importance is to find out the circumstances and conditions of the environment which produced this

emotion of anger. In this particular case it so happens that it was the result of jealousy, but it might well have been stimulated by many other feelings, such as resentment at receiving punishment which the child felt was undeserved, or failure in school or at games.

The reason for the anger is particularly important in dealing with the problems of children when anger colors the picture. The vital thing is not the anger; this is only a danger signal which warns us to look deeper for the fundamental cause from which it arises.

The emotion of anger is dependent for control upon the development of certain inhibitions or restraints, and if the child is to grow into a self-controlled and useful adult it is essential that they be established early in life. The important thing for him to learn is that the natural tendency to react to this emotion by retaliation does not at all times work out to his advantage.

One of the common manifestations of anger in children is the so-called temper tantrum, an uncontrolled outburst of kicking and screaming, which is a dramatic physical demonstration of the child's resentment. On the other hand, some children when angered become sullen and moody. Of the two attitudes the latter may result in more harm to the child. It frequently leads to brooding and unhealthy fantasy formation of a revengeful nature, which gradually may cause the child's interests to "turn in" and his energy to be wasted in living a "dream life" of things as he would have them and not as they really are. A temper tantrum, however, may result in undesirable conduct for the moment, and then the atmosphere may be cleared until the next occasion for anger arises. In a great majority of children the emotion shown is not out of proportion to the stimulation, is of short duration, and is a normal, healthy reaction. In fact, it might be said that there is something wrong with the child who never becomes angry. However, the child who meets all difficult situations in life with chronic irritability or a temper tantrum is in grave danger of developing other personality defects later which will make him an unhappy, inadequate individual in adult life.

Almost invariably one learns that the temper tantrums manifested by children work out, either directly or indirectly, to their advantage, for the moment at least. It may be that the child is determined to have his own way or craves attention, no matter how it is gained, or feels that he can obtain a bribe if he holds out long enough. The demonstration the youngster makes of his anger is so spectacular and impressive to those who have denied him his desires that they surrender and agree to his demands in order to avoid further unpleasant scenes. It is quite amazing to see the acuteness with which a child can choose the time and place where giving in to him will seem almost a necessity. In this way the child quickly learns that he can partly control his surroundings. Soon the tantrums which originally were produced by situations calling for intense emotion are produced to dodge any situation requiring submission to the will of others. The temper has become out of all proportion to the demands of the occasion, and the child will as readily stage a violent tantrum if the mother has brought him home a red lollipop when he desired a green one as he would if the tantrum were the result of some real grievance.

One small boy of 4 cleverly used this method to gain attention from the family whenever he felt slighted or left out. If corrected or if things did not suit him the response was immediate. First, Johnny would burst into tears; then would follow piercing screams; if this failed to bring results he would cast himself on the floor kicking and striking whatever came in his way. By this time the family, as a rule, relented, knowing what would follow. If, however, they held out Johnny was not discouraged. He had a final card to play. The kicking and screaming would stop; he would become rigid; because he held his breath he would begin to turn blue about the mouth. That was the end. He had brought them to his feet. Wet cloths were dashed in his face, and he was comforted and promised whatever he desired, however impossible. Having achieved his desires for the moment he would return to his own affairs. To one who is not familiar with these outbursts this may sound exaggerated, but it is not. They are truly terrifying, and it requires a cool head and strong determination to hold out against a child under such conditions.

These are only a few of the most obvious causes of temper outbursts. It must be remembered that there are more subtle reasons for them which may not always stand out so clearly. Suppose, for instance, the boy in his play is quietly following out a line of action he has planned and is eager to finish. At a word from an uninterested "grown-up" all his plans and efforts must be stopped or be tossed aside, whether he can see any reason for this or not. Is there any cause for surprise that he should show his resentment in the most emphatic way possible to him? Or it may be that these temperamental youngsters are but a reflection of the instability of their parents. Do you lose your temper? Does it make you angry when your child misbehaves? Do you endlessly say, "Stop!" "Don't!" when there is no real need to do so? Don't try to gain obedience by shouting at the child, as many parents do; it only irritates him and makes him more excitable and therefore harder to control. It does not take a child long to learn his parents' limitations and to measure with great accuracy the amount of kicking, screaming, and yelling necessary to bring about the desired ends. If the parents are ready to take a firm and united stand and if they have the courage to admit, if such be the case, that they, too, may need to learn self-control then the battle is soon won.

In the first place, the child who has these explosions of temper is likely to be emotionally unstable by nature, the type of child who is not capable of withstanding the average amount of stress and strain without undue fatigue. Temper tantrums are only one of the many symptoms of nervous fatigue in childhood. They are often preceded by restless sleep, capricious habits regarding food, faultfinding and complaints of being "picked upon" by playmates and unjustly treated by parents and teachers. This means that the child needs more rest and sleep as well as more energetic play during his waking hours. He should not be confined to the house and cut off from playmates, a situation which, in itself, makes him self-centered, cross, and hard to please, and keeps him in a chronic state of tension, ready to explode at any moment. Neither should he be dragged on shopping trips, or taken to the movies, or to parades where he will be excited and overstimulated.

Temper tantrums in each instance must be considered in relation to the exciting cause and the personality of the child. If they represent an unconscious protest against the thwarting of some fundamental desire, every effort should be made to determine the cause and remove it or alter the child's attitude toward it. On the other hand, if they have become habitual—that is, a crude method of gaining an end—or if they are utilized to attract attention or obtain bribes then it must be definitely decided that they will no longer work out to the child's advantage. Once a definite stand is adopted it will not take the child long to see that his former methods of gaining his ends are no longer tolerated, that he is making no material gain and is losing approbation by his conduct. When once he senses this the temper tantrums will be discarded.

Anger is not always expressed by such explosive reactions. There is a group of cases in which the individual is so overcome by anger that temporarily action is quite impossible. Common expressions such as "being paralyzed by rage," and "so mad I could not speak," convey well the idea. This type of reaction is not so common in children, yet it does exist. Frequently the emotion is pent up and repressed from day to day until it reaches the breaking point. Then suddenly and without apparent reason or perhaps for some trivial cause the explosion takes place, and it is quite beyond those with whom the child comes in daily contact to understand how this hitherto quiet, reserved youngster could suddenly have produced such an outburst.

Many of these periodic and apparently unexplainable outbursts might be avoided if the parents would stop now and then and "take account of stock." Look into the child's general condition. Are there any evidences of nervous fatigue, such as twitching or jerking of the larger muscles or blinking of the eyes? Is he eating and sleeping well, and is his elimination good? What about school and playmates? Is he getting on well? Does he mix well with other children, or do they tease him; and if so, why? Does he play with older or younger children? Is he inclined to be a bully? Does he take his part in games? What are his duties outside of school? Is he being tutored to make a higher grade or to keep him in his class? Does he have too much to do—music and dancing lessons, which keep him from having sufficient outdoor exercise?

Find out what he is thinking about. What are his problems, hopes, and disappointments? If he seems unhappy find the cause of his discontent. He may be jealous or troubled by some ill-defined fear, or worried by the problem of sex. He may feel inferior to others. Help him to see things clearly and in their true light. Appreciate the fact that the obligations of parenthood mean something more than to see that the child has enough to eat and wear and does not steal, lie, or set fires. The big task is to see that the boy or girl is happy and that he or she is learning how to meet the problems of everyday life successfully.

SEX INSTRUCTION

A large percentage of all mental conflicts and abnormalities in adults and children either are directly caused or are colored by unfortunate attitudes or experiences with the ever-present force

called sex. There is no force in all mental life that is more urgent in its demands for some form of expression and none that society, the family, and the individual will allow less freedom.

The very fact that sex as a subject for discussion is always tabooed in the presence of the child accounts for the intense curiosity which many children develop at an early age regarding the subject. All too frequently the child's natural desire to be enlightened on this subject just as freely as on any other is met by cold reserve, a sharp rebuff, or a dishonest answer from one who in all other ways is a considerate and wise parent. It is therefore not surprising that the child soon learns to keep to himself the knowledge he has gained from his own investigations or has gathered from some more sophisticated playmate and soon becomes as self-conscious about his sex life as the parents are themselves.

A little child quickly senses a tense atmosphere and embarrassment on the part of the adults when faced with his eager questions, and because of this he is apt to follow one of two lines. This way of disconcerting those with whom he comes in contact may please him, so that he will continue his questioning at most inopportune times, or he may be made so ill at ease and self-conscious that he determines never to be placed in such a position again if he can help it, and therefore ceases to bring his puzzles and problems to his parents, who should stand ready to help him over the hard places. Because he stops his questioning and seems uninterested is no sign that he is no longer filled with curiosity over these mysterious things which seem to be so shocking. He may be quietly using every means available to find out in other ways the answers which he wants to know but for which he will no longer ask.

The parents must free themselves so far as possible from self-consciousness when the subject is mentioned. Clear, frank answers suited to the child's intelligence and development will satisfy his interest for the moment, whereas emphasizing the matter by "hushing the child up" and telling him it is "naughty" to talk of such things will make him only the more determined to find out why, and what it is all about.

Of course care must be used in educating the child on these matters. Do not rush in and give him a mass of details far beyond his grasp. Go slowly and frankly from day to day, and as the questions arise meet them with thought and consideration. Do not tell the child fanciful tales about the stork and the doctor's bag when the new baby arrives; this will soon become an insult to his intelligence. Instead tell him beforehand, in simple language, that he is going to have a baby brother or sister, and let him take part in the joy of anticipation. It is a far greater mystery to the child to hear the stork story than to be told that a baby lives and grows within the mother just as a flower does that has been planted in the ground; that it takes nine months for the baby to grow, and during this time it is kept warm and well nourished by the mother. Such simple facts are easily and gradually accepted.

One of the most hampering things in regard to early sex instruction is the attitude of society in general to such matters. The parents may be ever so careful and may try to give the child a normal, wholesome view of the subject, meeting him frankly and showing no

embarrassment. If, however, he makes a slip in public their thoughtful training may be largely undone.

This was the case with a youngster of 6 who had recently had a little sister. His parents had confided in him and he had taken part in the preparations and anticipation. He had a clear but simple idea where babies come from and had no feelings of shame on the subject. One day, on the porch with his mother and several of her friends, he said quite clearly, pointing at one of the women, "Mother, don't you think that lady is going to have a baby, too, pretty soon?" The group freely showed their consternation and disapproval. To the little boy this was a most humiliating situation, producing self-consciousness and diffidence with outsiders for some time afterward.

Care must be taken to teach the child that such subjects are talked over only with father and mother in private, just as many matters are not subjects of general conversation. At this point there is danger, however, that the child will associate all matters of sex with those of elimination. Never tell a child that his questions are "bad" or "dirty" or "shameful." If he does ask them at an embarrassing moment quietly say with no show of emotion that you will tell him all about that later when you have more time to talk with him.

Children may early develop a sensitiveness in regard to their bodies and a curiosity to see themselves and others nude. Some even resort to tricks of hiding and peeping through keyholes to gain opportunities of seeing members of the household undressing. On the other hand, they may become overmodest and prudish. Try never to arouse special interest or attract the child's attention to his body.

One little girl of 3, having just learned the art of dressing and undressing herself, was experimenting one morning, having nothing else to do. Her mother, finding her in the parlor with all her clothing off, was shocked, and because she was shocked impressed upon the child that what she had done was "naughty" and not "nice" and that people must never see her without her clothes on. The whole matter was overemphasized, and the youngster took it to heart and became sensitive and unduly modest. She would cry if a passing stranger happened to see her at the window in her nightgown, and she lost all pleasure in playing about the beach in her bathing suit if she thought she was under observation. She has been made so conscious of her body that she is meeting one difficulty after another in regard to the subject when she should have been spared all thought and worry.

Under the crowded living conditions which at times seem necessary in these days of high rents and apartment life, the children are frequently forced to see rather revolting intimacies which may leave their scars, although at the time little thought is given the matter. Whenever possible the child should have a room separate from his parents. Adults little realize how early children begin to take in what is done and said in their presence. If their curiosity is aroused by half-disguised conversation over their heads, they will make it their business to try to learn more and clear up the mystery. Many a child has "played possum" and pretended to sleep when in reality he was listening to all that was going on, and he may brood and puzzle for some time over the things he does not understand.

Often children who have heard much talk of medical matters and operations, or have spent time in hospitals and have been subjected

to physical examinations, will try out on each other in their play things they have heard or seen. If, when youngsters are found indulging in such experimentation, the situation is ignored and the interest of the children is diverted instead of being focused on the matter by swift and drastic punishment it is far less likely to leave a lasting memory.

There are two important things for parents to remember with reference to the subject of sex. The *first* is that frequently at an early age—sometimes as early as 6 months—children may become aware that certain pleasurable sensations can be aroused by handling or rubbing the genitals, squeezing the thighs together tightly, straddling stair rails or the arms of chairs, riding on some one's foot, and in many other ways that have been accidentally discovered or have been demonstrated to them by other children or unscrupulous nursemaids or attendants. Often visits to the toilet are occasions of great interest to the child, and many times it is only then that the child indulges in masturbation. The *second* point to remember is that this early period of what may be called sex awareness is transitory, unless emphasized by unwise treatment on the part of the adults, and that it should play no more important part in the life of the child than does the early habit of bed wetting. Little children have no thought of wrongdoing when first practicing masturbation, and care should be taken that they are not shamed and severely punished, as this may injure their pride, cause them to become self-conscious, focus their interest, and make them cling tenaciously to the habit.

In every case where a child is found to indulge in this practice a careful examination should be made to determine whether there is any physical cause, such as irritation, constipation, intestinal worms, local adhesions, or other abnormalities. The urine should be examined for hyperacidity and bacteria which might indicate an inflammatory condition.

The genitals must be kept free from the accumulation of any foreign matter. This entails daily observation on the part of the mother. With the boy, the long projecting skin must be pulled back over the penis and the parts carefully cleansed with absorbent cotton. Equal care must be given to the girl, for local irritation is more often the starting point of masturbation in girls than in boys.

Parents should be sure that the child's trousers and underwear are well-fitting. Too tight or irritating clothing is a source of much annoyance to children and draws their attention to their bodies.

Know as intimately as possible every individual with whom the child comes in contact. Keep informed as to what is taking place when a group of children is spending long periods of time in the barn, the basement, or the attic. It often happens that a younger child has been initiated into certain sex activities by one of the older children in the family who never has been suspected. Try to keep yourself in touch with all the activities and interests of the children through personal contact. Know the teachers, the neighbors, and the playmates of your child, and above all things win and keep his confidence.

Most young children are not secretive about masturbation. Where they do it openly occupation and diversion are perhaps as useful as any more elaborate methods of treatment, such as physical restraint, rewards and punishment, charts to show achievement, and other

things of this sort. If, when seen indulging in this practice, the child is given something to interest him, a book or pictures to look at, or a definite errand to do, or is told a story, his attention will not be drawn to the habit, and it will soon drop into the background and be forgotten with his lesser interests. Some children when put to bed at night or for a day nap may learn to resort to this habit until sleep overtakes them. If such is the case it may help to give the child a well-loved doll or toy animal to hold after he is tucked in at night or to tell him stories until he falls asleep; with the child of 4 or 5 who is outgrowing his customary day nap and to whom sleep comes with difficulty it may be better to give up the nap and put him to bed earlier at night rather than make him stay in bed when he can not sleep and so give him an opportunity, unwatched, to indulge in this practice.

There is, however, a group of children with whom masturbation is only a symptom of an unhappy state of mind, and the habit comes to represent a retreat when life, with its manifold problems, becomes too complicated and lacking in satisfaction. It may be compared to the situation of the adult who turns to drink for momentary relief. The child who is moody or lonely or who has been punished may resort to the practice for consolation and comfort. If this is the case, the problem is quite different and far more difficult. The personality of the individual needs careful investigation, and no generalization will be of value.

Those in charge of the child must know him well and must understand his moods and their causes. They should know his interests, plans, and hopes, and what brings happiness and satisfaction to him.

Above all things, parents must not allow undue fear and anxiety to sway them and make them give the habit more weight than it should have. The big thing to remember is that the dangers to the physical and mental well-being of the child are more apt to come from the parents' own attitude and unwise treatment than from the habit itself.

DISOBEDIENCE

Whether children are obedient or disobedient is to a great extent dependent on the standards and requirements of the environment and the attitude of those in authority. If the ideal of conduct is too high and the goal of attainment too far distant, effort may appear futile. The method used in attempting to gain obedience is frequently the cause of failure to accomplish the desired result.

Often there is such an apparent lack of interest on the part of the adults in the task expected of the child that he may well feel it is not worthy of his effort.

While Tommy is deeply engrossed in play with his toys or in a new book the carelessly shouted orders of his mother, busy with her dish washing, may pass unheeded, such commands having become so familiar that he has developed the same negative adaptation to them as the stenographer develops toward the hammering of typewriters in a busy office. He may have heard the command and appreciated what was wanted, but experience may have taught him that a command ignored by him is one forgotten by his mother—so why should he worry?

There may, however, be some doubt in his mind what to expect, for on one day mother allows her unheeded request to drop unnoticed, while on the next she may take time from her work to administer swift and sure punishment. Inconsistency in discipline keeps the child in a most upset state of mind, and soon his response to any request comes to depend on his interest in his immediate occupation and his willingness to take a chance.

It may be that Tommy is capitalizing his disobedience. Often he has heard mother say, after coaxing and pleading a while, "Now, if you eat your dinner like a nice boy, you may have some candy," or "If you stop making so much noise, you may have a penny." If Tommy has learned that such offers follow a lack of response to the first request, it is only natural he should wait until they are made before complying. By holding out, he may obtain greater material gain and also far more attention and interest. It is something to be distinguished, if only as the "despair" of the family.

Threats of action by policemen, "bogy men," and doctors are a most unfortunate method to use in obtaining obedience. Either they cause hampering, fear, and timidity or else at an early age the child comes to realize that they are idle and meaningless and turns them to his immediate advantage. Tommy may learn to play up fear of doctors, for instance, so that by an outburst of yelling and kicking he may avoid having his teeth cared for or his eyes examined.

The importance of honesty in handling children can not be over-emphasized. If the early trust and confidence which they have in their parents is carelessly broken down, the props are knocked out of their world, for if what father and mother say is not true, what may be believed? Many times it has a direct bearing on whether or not obedience is obtained. Some parents will deliberately deceive their children in an attempt to gain obedience or in the hope of making an unpleasant task or duty less painful in anticipation.

One small lad, though he had considerable fear of pain under the dentist's hands, went through the first session manfully, shedding only a tear or two. He dreaded the second visit, however, and continually fretted about it. In order to calm him his mother assured him that "This time he will not hurt you at all." Up to this point the mother had always been right, so he believed her. The shock was a severe one when it happened that he was hurt more than on the previous visit. His implicit confidence was shattered, and he became timid and fearful in new situations and showed an evident lack of trust in the statements made to him. This was clearly shown on another occasion at the dentist's several months later. There had been some question of extracting one tooth, but his mother definitely promised him that it should not be done on this particular day and that he need have no fear. If it proved necessary, arrangements would be made later to have it done under ether. He understood this clearly, yet, when actually in the dentist's chair, he became panic-stricken and could not be pacified. All reassuring statements were met with "You told me before that it wouldn't hurt, and it did. I want to go home. He shan't touch my teeth." It will be a long time, if ever, before this child regains his confidence.

In dealing with children it is necessary to find out their reasons and motives. Many times what seems like flagrant disregard for the parents' requests is to the child only an earnest desire to help mother or father, as the case may be.

The little girl of 4, who had been told time and again not to play with water, when found in the kitchen dripping wet, having spilt water all over herself, was punished for her disobedience. Later it was learned that what she had done was to climb up on the sink to get a basin of water and a cloth with which to wash the finger marks off the doorway as she had seen mother do. She slipped, the water spilled, and punishment followed. To her it must have looked as if she were punished for trying to help.

Another little boy had learned that he must never pull up the plants in the garden. He watched his father at work getting out the little weeds in the flower bed, and a few days later, in an attempt to be helpful, he pulled up all the little new growth of carrots and left standing the tall, well-developed ragweed!

Some restrictions are placed on children that it is nearly a physical impossibility for them to carry out. "Sit still" and "Be quiet" are very easy to say, and yet to a healthy youngster, full of life and vigor, such commands are extremely hard to carry out for more than a few minutes at a time. Little children are growing and developing new muscle power all the time, and they must have freedom to run, jump, shout, and play. Nature demands it. Perhaps some special part of the house or yard may be set apart as theirs—a place with few dangers or hampering restrictions where they may safely "work off their steam" unchecked by continual nagging.

If a habit of obedience is to be built up, first of all *study* your child. Know what he thinks and how he reacts.

Give few well-thought-out commands and see that they are fulfilled; a command worth giving is worth carrying out. Avoid over-correction and an autocratic manner; children are as quick to resent domination as adults.

Gain the child's attention, then make the directions clear and simple and, if possible, explain the reason for the request. The child who has learned by experience to expect only reasonable requests will be prepared to act in an emergency when immediate response may be a vital matter.

Gain the child's interest, show him the value of the desired action, be interested in his accomplishment and in the outcome.

Make requests positive instead of negative—"Do" rather than "Do not." Give a suggestion which will draw the child's interest away from the forbidden act and focus it on something else.

Consider promises carefully before making them. Once they are made keep them or explain the reason for failure to do so. Do not break trust.

Be consistent; have one set of rules. Do not allow at one time what is forbidden at another. In this way the child will know what to expect.

Be generous with praise and appreciation of effort. Too often children receive attention only when they disobey. Let them learn to obey because the request is reasonable and because compliance brings pleasure and approbation, rather than for material reward.

Above all things expect obedience. Don't let the child feel that you are uncertain as to his response or that you are sure he will disobey. Everyone likes to live up to what is expected of him—particularly the child. He may as easily live up to your pride and confidence in him as to his reputation of being the most undisciplined little scamp in the neighborhood.

LYING

Although deliberate lying, misrepresenting the facts of the case, and tendencies to "make believe," sometimes with marked elaborations, are extremely common in children, these deviations from absolute truth are much less well defined as abnormal conduct than stealing. Lying is almost universally connected with stealing as a means of defense, an effort on the part of the child to avoid the humiliation of confession and subsequent punishment. It is exactly what one would expect the child to do in his effort to protect himself. Successful lying which goes undetected gives the child, consciously or unconsciously, a sense of power and satisfaction owing to the fact that he has attained his end by his effort. This is especially true with the group of misrepresentations that are consciously utilized to cover up other misdemeanors.

The most vicious type of lying is that usually prompted by jealousy or by resentment toward members of the family or intimate acquaintances. This might be termed slanderous lying, the object of which is to misrepresent or place in an uncomfortable situation the individual about whom the lies are told.

Less offensive and not particularly serious is the lying of the child who is inclined to "put himself across" in a big way by exaggerating his achievements. Fabrications which tend to reflect to the credit of the child are normal mental processes in early life. Many children live in a make-believe world, and parents are apt to interpret the child's descriptions of his dream world as deliberate lying. But the whole motive is quite different, and except for making the child understand that he is not dealing with the real world and that everyone to whom he tells the tales understands that fact too, nothing need be done. Fantasies which are the products of day dreaming often serve a very useful purpose in the development of the child's mental life.

One little youngster, when about 4 years of age, having been deceived by his mother regarding the death of his grandmother to whom he was much attached, took refuge in his imagination to lessen, for the moment at least, the severe sting he felt at the loss of his grandmother. He began to tell the other children that his grandmother was not dead but had gone to New York and was going to have him and all the other children down there, and went on to describe the pleasures of the trip. One can easily see that this process of self-deception served to make his loss more tolerable.

Imaginary playmates and day dreams can be considered perfectly normal psychological mechanisms in the life of the child. It is only when these day dreams satisfy, to an abnormal degree, the emotional life of the child that they become serious, although they often stimulate the child to activity in order to make the dreams

come true. One must guard against allowing the habit of day dreaming to be substituted for the effort necessary to get enjoyment and satisfaction out of reality.

In dealing with the fabrications that have no basis in fact or that serve no apparent useful purpose—that is, the so-called products of day dreaming—it is neither necessary nor desirable to make the child admit the lack of reality in his dreams. It is much better simply to impress him with the fact that you, as an adult, are taking it for granted that he is making up an interesting story which amuses you as any story might and that the possibility of accepting it as truth has never occurred to you. There is less danger in encouraging these make-believe stories in children if they are given to understand that you accept them as such than there is in trying to inhibit them by constantly denying their existence or by punishing the narrator. Such punishment is apt to increase the romance the child derives from his stories, fill him with self-pity, make him introspective, and drive him further away from reality.

Pathological lying, a condition described by Doctor Healy,¹ can be seen developing very early in life. In this particular group of cases deviation from the normal is so pronounced that only the most careful study by a well-trained specialist is of real value. When such a condition exists every effort should be made to get the child to some private physician or clinic.

Lying is not infrequently a part of the general picture seen in the undisciplined, poorly trained child and is almost always associated with stealing, destructiveness, temper tantrums, exaggerated jealousy, fears, and the deceitfulness involving misrepresentation, not only by words but by deeds as well.

A tendency to deceit is often fostered by parents who worry over it, attempt to verify every statement the child makes, and force him into a corner from which, it seems to him, there is no escape except through lying. Such a situation is illustrated by the case of a lad of 7 years of age, being treated for enuresis, who had been advised to drink less before going to bed. For some time he deceived his mother by going to the sink, apparently to wash his face, while at the same time he managed to swallow considerable water. He would take every opportunity to convey by his actions the wrong impression to his mother and lied whenever he felt it would work out to his advantage. Although the mother was endeavoring to bring up the lad to be honest and upright, she was much worried lest he might develop after the same moral pattern as his father, who had deserted the family about the time the child was born and who was said to have been immoral, alcoholic, and absolutely untrustworthy because of his lying and deceitful ways. The danger lay in the fact that the mother, because of her extreme anxiety, was prone to see deceitfulness in many situations in which the boy was involved when it really did not exist. She tried to verify every statement and held him to strict accountability for the slightest deviation from the truth.

This not infrequent practice, on the part of parents, of forcing children into situations where lying will almost inevitably follow, has always a bad effect. The child feels that he has been driven to

¹ Healy, William : *The Individual Delinquent*, p. 729. Little, Brown & Co., Boston, 1915.

lie and is not only humiliated but resentful. It is very much better for the child to feel that he makes a free choice of truth or falsehood, but he should be made to learn from experience that he is most unlikely to lie successfully and that the attempt to do so is always going to work out to his disadvantage.

Parents must be particularly careful not to take advantage of the mental and physical immaturity of the child by a careless and indifferent attitude toward their promises to him. Children have keen memories for many of the petty deceptions to which parents resort in an attempt to get desirable conduct with a minimum amount of effort on their part. If, when the time comes for a child to make his first trip to the dentist, he is told that he is going to the park to see the animals, or going to visit his aunt, or on some other outing which he would naturally anticipate with pleasure, and then finds himself in a dentist's chair, the chances are that besides the temporary pain there will be resentment not only toward the dentist but also toward his mother, which may cause a great deal of trouble later.

The doctor, the policeman, and the dog should not be used as objects of fear by parents in order to get the desired conduct. These threats work effectively once or twice, but soon the child learns that, on the whole, doctors are kindly and friendly, policemen protect rather than punish, and dogs are good playmates. Furthermore, he learns that the parent's word can not be depended upon. He also comes to realize that from this method of instilling fear in other individuals one derives a sense of power, and he uses it on his younger brother or neighborhood friends. Cheating the child in this way not only destroys the child's affection for the parent but gives the child an undesirable habit to imitate.

Punishment which is constant, severe, and frequently out of all proportion to what the situation demands leads to lying as a means of protection. This fact needs no comment other than the statement that frequently the punishment itself defeats the very purpose it was meant to accomplish. Many children use lying impulsively as an instinctive way of protecting themselves from disciplinary measures, especially when the corrective measures are unjustly severe or when the child realizes that his having been honest and frank will not be considered a mitigating circumstance.

There is no better, more logical, nor surer way of developing the habit of truth in the child than by permitting him to live in an environment where he may have truth as an example to imitate. Moralizing in an abstract way about the beauty and value of truth has but little effect in establishing the habit of truthfulness during the early years of childhood. Parents should avoid letting a child develop the habit of lying merely because it is easier for them to avoid the issue than to meet it squarely. The lying of children is not infrequently the imitation of the same practice by other members of the family who themselves are inclined to meet every issue in life either by self-deception or by deception of others. The ever-useful headache, saying that one is out when an undesirable neighbor calls, lack of frankness between the parents in simple household matters, and warnings to the children of "Don't tell your father" or "Don't tell your mother" tend to give the child an idea that

evading the truth is perhaps a very useful bit of technique in dodging new, untried, and difficult situations.

It is not difficult to teach most children that telling the truth is worthy of effort, inasmuch as it brings them the approbation of those with whom they have to live and adds to their material pleasure. This may be accomplished by giving them an environment of truth-telling and by demonstrating to them that lying will invariably work out to their disadvantage.

STEALING

Stealing is a harsh word to apply to the acts of children. It is associated so closely with a criminal career and one so naturally thinks of jails and prisons, highwaymen and robbers that childhood and this type of delinquency seem almost incompatible.

On the other hand, problems are never solved by dodging the issue. "Of course, we don't consider it stealing when Johnny takes things belonging to me or to other members of the family," said one mother in defense of her 8-year-old boy, and another mother argues that "taking food or pennies is not considered pilfering." Sometimes the juvenile offender is acquitted by the parent on the ground that "he does it in such a cute way" or that "he is so unselfish—he never uses for himself the things he takes but always gives them away," or "you can't expect a child so young to understand what he is doing."

These are only a few of the numerous excuses by which parents permit themselves to be deceived. Stealing must be considered stealing as soon as the child has developed mentally and socially to the point where he is capable of differentiating his property rights from those of the people with whom he comes in contact. It must not be forgotten that most children are warned at an early age that such acts are against the wishes of their parents without being given any appreciation of the social code called honesty. In such cases the act of stealing is nothing more than disobedience and must be treated as such.

Children naturally absorb from the environment in which they are living a tendency to conform with the social customs of that environment, and they can also give an intelligent reason why such social customs are enforced. When a child reaches this stage in his development he must be held responsible for his conduct, and it is grossly unfair for parents to minimize its significance by refusing to face the issue.

Stealing is a dangerous habit because it is very apt to work out temporarily to the advantage of the child, and it can be utilized as a means of gratifying, for the moment at least, many of the desires that would otherwise have to go unfulfilled. To the child it seems a short cut to prosperity, and it is perfectly natural that he should use this method and continue it until he learns that it works out to his disadvantage.

When one considers that all children are born into the world uncivilized, nonmoral individuals, dominated entirely by selfish motives and with the sum total of their physical and mental activity directed toward seeking pleasure and avoiding pain, and that

certain natural tendencies are constantly operating in early life, unchallenged by training, experience, and education, it is not surprising that pilfering among children is very common. Stealing is but a deviation from the normal instinctive tendency to acquisition. Storing away for future needs permits the individual to indulge in a feeling of security against poverty, starvation, and other calamities. It is one of the instinctive tendencies that need to be inhibited and directed by training and experience. It varies in intensity in different individuals, but to deny its existence is not solving the problem.

As with any other aspect of human conduct, it is the underlying forces that must be considered rather than the act itself. Only by studying the motives for the conduct and the purpose that it serves can we intelligently understand and treat the individual. The basic factors leading to this undesirable type of conduct are so numerous and varied that it is difficult to group these individuals or to discuss them in terms of types. Yet certain definite environmental factors are more or less common to the group as a whole, and consideration of a few of these elements is worth while.

Perhaps habit has not been sufficiently stressed in its relation to stealing in children. The child who during his early years of development has not acquired through his home training the idea of respecting the rights and property of the family group is not likely to be a better conformer at school. As his environment broadens and the number of personalities with whom he comes in contact increases, the greater will be the demands on his powers of adaptation, and it is not unlikely that the technique he used and found successful in the home will be practiced at school. But the delinquencies which were considered "cute" in the home may be considered evidences of criminal tendencies at school. What the mother excuses on the ground of his immature years the teacher looks upon as abnormal compared with the group, and in the social code of his playmates the child is "crooked." It does not take the school long to recognize nonsocial traits in a child, and their criticism is invariably harsh.

It therefore behooves every parent to instill into the mind of the child at an early age the importance of respecting the rights of others in the group in which he lives. This can be done through a process of moralizing. The child must learn from actual experience that conduct which disregards the rights and property of others invariably works out to his disadvantage. There is no better way for the child to learn during these immature years than to appreciate the relationship between cause and effect, desirable conduct bringing pleasure and satisfaction and undesirable conduct evoking unhappiness and pain. No task requires a higher degree of intelligence from parents than the distribution of rewards and punishments, which is most important in the development of conduct that is going to work out to the advantage of the child in later life. The handicaps that a child acquires from careless ignorance and, quite frequently, from the absolute lack of training during the first six years of life are rarely overcome.

There are situations, such as the following, in which the home shares with the outside environment the responsibility for early

delinquencies. Mary was an apathetic but friendly little girl who vigorously denied, even before the subject was broached, the thefts of which she was accused. She did not have to be prompted to discuss her interest, her play life, and the movies which she occasionally attended. She said that she hated dolls, liked to play ball, and enjoyed the play life on the street. Mary volunteered no complaint of her home life, but it was not difficult to see that she was far from happy. Just before the interview was ended the child returned to the matter of stealing, stating quite openly and frankly that she had stolen. Without being questioned she confided, "Nobody likes me. I don't know why. The girls don't like me—they knock me down and tease me. I stole only from the people who teased me and from those I don't like."

Stealing was Mary's way of "getting even" and served as a rather crude instinctive reaction toward those who had hurt her by their teasing and their ridicule. The fact that she would destroy or hide the things she took indicated that, although only 6 years of age, she appreciated keenly the social significance of her acts. She knew what happened to older people who stole, and she associated stealing with policemen and jails. Mary had a very definite fear of being found out and was quite ingenious in concealing her offenses.

Revenge and jealousy are not uncommon motives for stealing, especially with girls, even up to the college age. A girl of 16 years was brought to court on a charge of breaking and entering. Investigation showed that on three occasions she had gone to the house of her best friend and stolen wearing apparel, skates, and a ring, all of which she carefully hid away and made no attempt to use or sell. A rather long, detailed story of the case revealed the fact that, in spite of her extreme fondness for her girl friend, there were times when she became intensely jealous of her, especially when the other girl appeared in new clothes such as her own parents could not afford to buy. It was after such periods of jealousy that she committed the thefts.

One must here assume that jealousy was a strong personality trait in the mental make-up of the girl, and it is extremely doubtful whether any treatment would completely eradicate it at her age. It is important, however, to give such an individual a better insight into her personality make-up so that she may battle with her handicaps openly.

Not infrequently one finds stealing associated with certain worries concerning the sex life of the child, especially following masturbation. Although it is rather difficult to connect the two psychologically, it is found that the depression and the sense of degradation which many children develop with their sex conflicts lead to a feeling that nothing is worth while and that there is nothing to lose by one more delinquent act. Then, too, they derive not only material gain from this act but a certain sense of excitement and a feeling of satisfaction in "putting it over on the other fellow." In three cases of this type involving boys from good homes, the father of one being a professor and those of the other two physicians, the relationship between the sex life of the child and the stealing could not be denied.

Stealing merely as a means to an end is commonly encountered. A boy of 9 years, from an excellent family of culture and education, suddenly began to steal money from other members of the family, using it to purchase candy and other delicacies which he distributed among his boy companions. In this particular case, the boy's intellectual, social, and athletic activities were very much overshadowed by those of a superior and rather arrogant brother, who was constantly humiliating him. In athletics especially the boy was not so efficient as most boys of his age, and for this reason he was cut off, more or less, from his companions. He did find, however, that his popularity could be established, in a measure at least, by supplying the boys with gum and candy and treating them generously. In order to do this he resorted to thefts.

A temporary separation of the boy from his older brother by a summer at camp, explaining the underlying motives for his difficulty and laying special stress on the development of his physical life, proved to be a satisfactory solution of the problem.

Another case of this kind was that of a rather undernourished, poorly developed, anemic-looking lad 7 years of age, with a rather superior intellectual equipment, who about a year ago committed his first, and what fortunately proved to be his only, theft.

It so happened that his mother, a hard-working, conscientious woman whose husband had died a few years previously, was making a heroic struggle to keep together a family consisting of the patient and his two sisters, one older and one younger than he. It seemed a bit more than the mother's limited finances would permit to allow Frederick to have 20 cents a week with which to buy milk at school. The boy not only needed and wanted the milk, but he was deeply humiliated when, at the recess period, all the other boys except him and two others left the classroom to get their milk.

This was the situation which tempted him to plan to steal \$5 from his mother's pocketbook. He had the bill changed and gave the two other boys who were in the same situation 20 cents each to buy their milk, keeping the same amount himself and secreting the rest of the money in the bathroom at home. His presence in the group buying milk was noticed by the teacher, who reported it to the mother. Meanwhile, the mother discovered her loss. Upon being questioned, Frederick immediately admitted the theft and returned \$4.40 to his mother. He appreciated fully the nonsocial nature of his act and the consequences which might follow if this type of conduct became a habit.

Except for making arrangements whereby the boy might receive milk regularly at school, as his poor physical condition demanded, and allaying the worry and anxiety of an overwrought mother, nothing in the way of treatment was instituted. Although eight months have already passed no further difficulties have been reported.

Sometimes the fantasies of children stimulate desires and ambitions to be like some one whom they admire and lead to temporary delinquencies in the attempt to carry out these ambitions. One lad of 10 stole \$5 from his mother. A few days later he told her that he had obtained a job as errand boy after school hours. For an entire week he came home each evening just in time to meet his father and have supper with the family. At the end of the week he turned in

five \$1 bills to his mother, with a great deal of pride in the fact that he was helping to support the family. A short time later the mother discovered her loss and the fact that the lad had not been working. When questioned he confessed that he had taken the money and had it changed into dollar bills. His only reason for the act was his desire to imitate his father and contribute to the support of the household.

Sometimes stealing is resorted to purely as a means of excitement or adventure, and it may later become a habit as a result of poor training in the home.

A boy of 7 years, living in a foster home, began stealing before he was 5 years old. He was not particular what he appropriated but preferred money—anything from pennies to five-dollar bills. He seemed to get a great deal of pleasure and satisfaction from the adventure itself; in fact, short changing his parents and cheating the storekeepers when he was sent on errands were favorite pastimes. The foster mother did not take seriously his petty thefts until he finally stole \$5. She found considerable amusement in telling, before the boy, how he had cheated a storekeeper, and was likely to excuse his delinquencies on the ground that "it was born right in him." It is true, to be sure, that the hereditary background was poor. His father was spoken of as a "worthless character," and little was known of the mother except that she died when the boy was 2 years of age. The foster mother was oversolicitous, "bending over backward," so to speak, in her efforts to be kind and just to the lad, and excusing the results of her poor training by the fact that "nothing could be expected of a boy with parents like that." This fatalistic attitude toward the undesirable habit, coupled with her lack of appreciation of its future significance, made the prognosis in this case, even at the early age of the child, very grave.

There is no reason to doubt, however, that this boy, had he fallen into more intelligent hands, might have developed, in spite of his bad heredity, a social code to serve him in good stead in later life. Under the existing conditions one might write with a fair degree of assurance the future history of this lad's career, which undoubtedly will be highly colored by his delinquent traits.

Another boy resorted to stealing merely as a means of adventure. He was finally apprehended after climbing in one of the windows on the street floor of a large apartment house and secreting himself in the closet. During the examination he stated, "My mother thinks I do these things because I got hit in the head," referring to an accident which he had had two years before, and went on to say, "But that's not the reason. I do it because I want these things and I want to get money to spend." The boy ordinarily would have been quite satisfied to allow his injury of two years before to account for his delinquency as his mother insisted upon doing, but it so happened at the moment he was being interviewed he had the desire to appear as a normal lad and not as one who was the victim of a disordered brain.

Parents may ordinarily expect such suggestions and excuses for delinquency to be accepted by the child and to act as mitigating circumstances for his misdemeanors.

The foregoing cases indicate in a very general way how varied may be the motives for stealing, even without considering the lad who may be regarded as mentally defective and is always the tool of the gang. His responsibilities are limited by his inferior intellectual equipment. Such children as these, to a very large extent, present problems that have to be adjusted in an institution where they may receive training and supervision over a long period of time. As a result of such training they are allowed in many instances to go out into the community again and make very satisfactory adaptations.

The problems cited have been taken from cases of children in various stations of life—the rich, the poor, the educated, and the ignorant. Almost all are problems which could be solved effectively by a careful study of the personality of the child and the environment in which he lives.

ENURESIS

Stress must be laid on the importance of a careful physical examination in order that so far as possible the various physical causes for bed wetting may be eliminated. There is grave danger in overlooking this warning. To treat a child who is suffering from some disease of the genito-urinary tract, which may cause bed wetting, on the assumption that the trouble is simply a matter of poor habit training, is a calamity. To prevent the child from obtaining relief through proper medical and surgical means might even result fatally; and to make demands on the child to overcome a condition that it is beyond his power to control is obviously futile. Many rather minor physical conditions act as the exciting factor in bed wetting. Local irritations in the genital region, and adherent prepuce, phimosis, narrow meatus, rectal irritations due to worms, and other physical conditions are all important. Bed wetting is frequently associated with a highly concentrated and acid urine, especially where the fluid intake has been insufficient. The more general conditions of anemia, malnutrition, and a constitutionally unstable nervous system may all cause enuresis and should receive the proper treatment.

After cases with these organic conditions have been eliminated there still remains a large group of cases that depend upon faulty habit formation for their cause and persistence. And one must bear in mind that even in those cases where definite physical causes have been found and eliminated the enuresis may persist simply from habit.

Enuresis may occur either in the day or at night or at both times. In some cases it occurs only at night, and in others only during the daytime. It is found in both sexes, with about the same frequency. The child may reach the sixth or seventh year and occasionally an even later age before he overcomes the habit of bed wetting, which is normal in infancy. Other children become perfectly trained in bladder control before the end of the second year, only to develop the "wet habit" later on. After the child has once been trained to the dry habit and the enuresis has returned, it may last only a few days or it may go on indefinitely.

"In most cases," says Doctor Holt, "the condition is purely habit, often associated with other habits which indicate an unstable or highly susceptible nervous system."² It is with this group of cases that we are concerned. In the great majority of cases in which the child is not properly trained at 2½ years of age, the fault can be attributed directly to the parents. They have failed to establish the dry habit. This may have been because they were ignorant of the importance of habit training. Often it is because of indifference or laziness, the parents feeling that it is too much work to take the child up at inconvenient hours and therefore permitting him to become accustomed to wet diapers. Moreover, parents often attribute the child's difficulty to inheritance. They say that they, too, had the same trouble until late childhood or early adolescence and that they are simply waiting for the child to outgrow the habit as they did. Parents are inclined to accept such parts of their own childhood experiences as they remember as being fair guides for what to expect of their children. Unfortunately, many of the memories carried over consciously into adult life are deeply charged with emotions, which may be either pleasant or unpleasant. So the parent who because of enuresis was shamed, humiliated, punished, and frightened through the efforts of those concerned to overcome the habit will probably be very sympathetic toward her own children who have the same trouble. The mother's fear of subjecting the child to the emotional experiences of her own childhood is often the real reason why she seeks explanations for the enuresis on physical grounds, where none exist, and why she clings firmly to her plan of letting the child "outgrow it." If it were true that fear, humiliation, and punishment are essential to treatment this parent would be quite right in avoiding it, but fortunately they play no part in the proper treatment of enuresis. In fact, the most important feature of the treatment is to prevent the child from developing a feeling of inferiority because of the habit.

In the treatment of enuresis it is because a general improvement in the child's behavior and attitude accompanies improvement in this habit that one is led to believe that the feelings of inferiority and shame that in many cases are associated with enuresis often color the entire mental life of the child. It is therefore of practical importance in the treatment of mental problems in children, where enuresis happens to be one of the symptoms, to institute treatment for the enuresis at the earliest possible date.

Although it was impossible in the case of the little girl described in the following paragraphs to determine the underlying cause of her terrifying wakeful periods, it is of interest to note that many favorable changes in her behavior took place during the treatment of the enuresis and subsequent to it.

M. A., aged 3 years and 9 months, was brought to the clinic by her mother, who said that about a month before she had begun to wake up in the night frightened, crying out, and talking about soldiers. There was the further problem of enuresis, which had persisted since birth and occurred both at night and in the daytime. She had always been finicky about her food. She was very shy and would say nothing in the presence of strangers but would cling to her mother. Although a very quiet child, the mother stated, she was capable

² Holt, L. Emmett, M. D., and John Howland, M. D.: *The diseases of Infancy and Childhood*, p. 665. D. Appleton & Co., New York, 1919.

of entertaining herself. When younger, she had a severe temper and frequently went into tantrums. She was extremely jealous of her younger brother. This jealousy was carried to the extent that when her mother first began to nurse him the child would lose no opportunity of slapping or quarreling with him. She did not care to play with other children and was self-centered and retiring. She was obedient and rarely had to be disciplined. Her play life was occupied largely with her dolls, occasionally with her brother, but she rarely associated with other children. She was more attached to her father than to her mother and lacked a normal interest in her brother.

For a long time there had been some difficulty about sleeping. The child was put to bed at 7.30 in a room by herself and usually went to sleep within half an hour. Then she would wake up at 1 or 2 o'clock and every hour thereafter until 7 o'clock, when she insisted upon getting up. This wakefulness, accompanied by crying, much disturbed the household. For three weeks she had had an unusual fear of soldiers and upon waking, cried out in fear saying, "Don't let the soldier get me!" The story was that some weeks earlier she had been taken to Boston Common by the mother and had seen soldiers drilling. This, for some unknown reason, alarmed her, and since that time she had talked continually about soldiers, saying that they were going to take her away. When she waked at night she would cry out to her mother, "Close the door; the soldiers are coming!" She had refused to go into any room alone since the occurrence and wanted her mother constantly by her side. She had become very much afraid of the dark.

At her first visit to the clinic she was extremely shy and would have nothing whatever to do with the examiner, and spoke only to her mother in whispers. She resented any attempt on the part of the doctor to become friendly and seemed unusually timid.

Routine measures for the enuresis were instituted. The child was permitted to go to bed at the usual hour of 7.30, was waked at 10, and then was permitted to sleep until morning. The mother was instructed to take her to Boston Common every day when the soldiers were drilling, and to allow her to make such advances as her fear would permit, while constantly reassuring her and instructing her about the soldiers as intelligently as her years would allow.

At the end of a month the mother reported that the child had shown considerable improvement and had gone two weeks without wetting the bed, had slept better, and was no longer afraid of soldiers. The fact that the mother had taken her to Boston Common every day had seemed to dissipate her fears. The child was more friendly toward the doctor, but was still shy and bashful.

Improvement continued during the summer months. In September the child entered the kindergarten. She got along well and showed a normal interest in the school work. She enjoyed the association with other children and was quite unselfish, well-mannered, and obedient. The mother reported that she was getting along splendidly, no longer wetting the bed, and having no difficulty about her eating. She no longer had any fears that disturbed her either by day or at night.

This little girl since coming to the clinic has shown marked ability to adapt herself in a satisfactory way to both home and school conditions. She is no longer wholly dependent on her mother and has become interested in her little brother and affectionate toward him. She is sleeping well, her appetite is good, there is no difficulty with enuresis, and she is no longer disturbed by fears and terrifying dreams.

Although there are marked differences in the ways in which children respond to training and the ease with which habits are established, there is no reason to believe that any child who is free from physical defects can not be trained to proper toilet habits by persistent and conscientious effort on the part of the parents. If the child has gone beyond the age of 3 without developing the dry habit the matter should be given serious consideration.

The first and most important step in the treatment is to interest the child in making an effort to overcome the habit. This attitude is never brought about through punishment. Present the problem to the child as a thing capable of achievement, something that is well

within his grasp. Make him feel that he is bigger than the habit and capable of conquering it. All this adds to the enthusiasm with which he will undertake the task. To humiliate the child serves no useful purpose and does not help him overcome the habit.

One may point out, however, all the disadvantages that the habit entails, not only to himself but to his parents. Project these disadvantages into the future and impress him with the importance of growing up so that he can participate in the various activities of life without danger of being humiliated. Point out that the advantages to be gained are worth the extra effort needed to succeed in overcoming the habit. Boys are always interested in going away with their parents on pleasure trips, or going off to summer camps, or making other excursions away from home, which would be quite impossible unless they overcame the habit of bed wetting. This interest can often be made an effective argument.

After all the advantages and disadvantages and the various motives for making the effort have been presented to the child, so that he is eager and anxious to start out to conquer this undesirable habit, it is well to introduce some help from outside. A régime should be established which eliminates, as far as possible, excessive mental strain. The child should have definite hours for getting up and going to bed. If he is still of preschool age, his hours in bed should be increased both at night and at nap time. Two or three hours can be added to his rest time by putting him to bed one hour earlier than usual and keeping him in bed half an hour later in the morning, and by increasing the length of his midday rest period by an hour. For the child who was getting 12 hours at night and a 1-hour nap, this will add $2\frac{1}{2}$ hours of rest, which means much to the active child with a highly organized nervous system. It at least conserves his output of energy, even if he only rests and does not sleep. It is important that some amusement, such as pictures or reading, be provided for the resting hours when the child is not sleeping.

The child with the habit of enuresis should have a simple, bland diet and should always avoid highly seasoned food. Routine measures should be established to prevent constipation and stimulate free elimination through other sources than the kidneys. Water and milk should be eliminated from his diet after 5 o'clock at night. The parents should make an attempt, by trips of inspection, to find out at what time the wetting occurs. When the critical hour has been determined, the child should be taken up and thoroughly awakened on his visit to the bathroom. He should be wakened again early in the morning, if that is necessary. A careful record should be kept of his failures and successes. A simple chart serves a useful purpose not only for a record but as tangible evidence of the child's success.

This device was used with success in the following case:

O. J., 5 years old, gave no trouble until, at the age of 2, he was very ill with pneumonia. Following this illness he would soil himself and wet his clothes and his bed. This condition persisted for two years, but for a year and a half he had been troubled with enuresis only at night, about 5 nights out of 7. His mother said she spanked him, rubbed his nose in the urine, deprived him of things, and refused to give him clean pajamas over long periods of time, trying to impress him with the idea that he must learn not to wet his bed.

The child was generous and friendly, liked other people, and played with other children. He was inclined to be obstinate and could not be driven, but could be easily persuaded. He had no particular fears and enjoyed playing

outdoors with other children, but, on the other hand, he spent much of his time with his little sister playing dolls.

The fact that the patient had been treated at numerous clinics led the mother to believe that the case was hopeless. She claimed to have carried out all the directions given her by the physicians, but in spite of this the enuresis continued.

The boy, as seen at the clinic, was attractive and bright, interested in his environment, anxious to demonstrate his ability in printing and drawing. He discussed his problem openly and frankly, without any apparent embarrassment, and expressed a willingness to cooperate. Physical examination and laboratory tests on urine were both negative.

The routine treatment for enuresis was outlined as follows: The child's diet was to be simple, free from spices and sweets, and was to include only a moderate amount of meat; his evening meal to be served at 5 o'clock, after which he should have no fluids. He was to go to bed at 7 and to be taken up, thoroughly awakened, and sent to the toilet at 8.30, again at 10, and then was to be permitted to sleep until 6 in the morning. Stress was laid on the fact that he must be thoroughly wakened and made to realize why he was being aroused; and the mother was warned to be sure that the child voided when he was taken up. A chart was then brought forth and given to the child, and it was carefully explained how the record should be kept.

The child responded to his part of the program with much enthusiasm, but the mother showed considerable skepticism about the routine outlined for the patient. The patient was returned to the clinic one week later, and at that time it was apparent that she had not carried out the directions, in spite of her statements to the contrary. She had instituted her own treatment with patented kidney pills. She was prevailed upon, however, to follow the routine outlined for a month and was requested to visit the clinic every week. At the end of the first month the mother said that she was much pleased with the change in the boy and thought the chart had brought it about. She was anxious that the younger child, of 2½ years, should be admitted to the clinic as a patient for the same trouble. In another month she said the bed wetting had completely stopped, and she was relieved of a great burden.

The only comment that need be made on this case is in reference to the tactfulness that is necessary in getting cooperation from the parents and in making them feel that although they have tried various remedies at different times, perhaps they have never put any plan into operation which took into consideration all the aspects of the individual case. The matter of enuresis in this case was uncomplicated by any other nervous symptoms or undesirable habits, and the enthusiasm that the child showed in keeping the chart was, in itself, favorable from a prognostic point of view.

In efforts not to create an unpleasant and lasting emotional reaction toward the habit of wetting there is danger of being too casual about it and in this way making the child feel that he has no responsibility for overcoming the habit. The child is apt to get this idea when he hears his mother tell other members of the family that John has inherited his trouble, that he has weak kidneys and nothing can be done about it. "In time he will outgrow it, just as I did, but for the present we must make it easy for him, poor boy." One mother carried her solicitude to the extent of changing her boy's bed when he was presumably asleep and hoping he would think the next morning that he had been dry all night.

With many children there is danger of taking away the responsibility from the child in quite a different way; that is, by making him feel that so many people are already concerned about this problem of wetting that there is little for him to contribute. Certainly mother and father are doing all they can, and from what he hears they think of little else. The nurse has it ever on her mind, and

under the doctor's orders she is planning all the time to institute helpful measures. The foot of the bed is raised, fluids are restricted, food is selected carefully, and the child is awakened at all hours to go to the toilet. Just as has been suggested, these and other ingenious devices are tried out but without much effect. The important aspect of the treatment has been neglected. The child has not grasped the idea that the wetting is his problem and responsibility and that the parents, nurse, and doctors can not do more than help him after he has made up his mind to overcome the habit.

T. G. was a well-developed specimen of American boy, 8 years old, belonging to a well-balanced, sturdy family of New England stock, who were most comfortably situated financially and socially. This boy had been troubled with bed wetting at night and during his naps (which had been discontinued two years before) through all his life except in brief intervals varying from a few days to three weeks.

He had been treated by a reputable pediatricist who, having failed to find any physical cause for the child's difficulty, began to utilize every conceivable method that is ordinarily used for these habit cases. In spite of special nurse, charts, urinals mechanically applied, medicine, washing out the bladder, rewards and punishments, the boy continued to wet the bed practically every night. Every conceivable device had been tried, first alone and later in combination; and there seemed to be nothing to suggest for treatment that had not already failed, except absolutely ignoring the problem. The boy was seen on two occasions when the bed wetting was not even mentioned. He talked of his school work and companions and his interest in games and books, he told of stories he had read and of things he had seen, he discussed details of his everyday life and touched on his hopes and ambitions and how he expected to attain them. Everything that one could think of that might interest a boy of his age was taken up as a matter of conversation, except the bed wetting. In the meantime all the therapeutic measures were discarded without comment. During the third visit the boy finally broke out with the remark, "I thought you were going to cure me of wetting the bed, and you haven't said a thing about it." The doctor replied in a rather casual and indifferent way as follows, "Why I had almost forgotten that. Now that you speak of it, I remember your mother mentioned it to me. But of course that is your job. Any boy who stands as well in his class as you do, who plays baseball and football, and rides a horse like a man, who has so many friends and gets on so well with people, can get over a simple habit of wetting the bed, just as soon as he makes up his mind that it is worth the effort. And medicine, charts, and doctors can't do it for you." Nothing more was said about it; the conversation continued about the best way to throw a particular curve with a baseball. The boy was told to return in a week, and his first remark was, "I haven't wet the bed since I was in here the last time." And except for an occasional accident, he continued to be dry. In this particular case the only possible thing to do was to do absolutely nothing but put the responsibility upon the child, and it worked.

In what might be termed "a therapeutic talk with a child" it is important to present clearly and concisely all the motives possible for getting over the habit and at the same time through suggestion make him feel that the task is well within his power of accomplishment. Impress upon him by repetition that you have every confidence that he will succeed. This type of suggestion can often be given best by some one outside the family, particularly by the physician in whom the child has confidence. Do not set a mark for the child to strive for that means perfection at first. Let him have the opportunity of exceeding what you expect of him; for example, if he is wetting the bed every night let him understand that you will consider three dry nights success for the first week. Then if he attains three or four successes he will start out the second week with real enthusiasm and not as one defeated in his first efforts.

Another type of suggestion, which the mother can administer and which is extremely helpful as a therapeutic measure, is the practice of sitting down by the bedside just after the patient has retired for the night and having him repeat over and over again the phrase, "A dry bed in the morning." Tell him how comfortable it is going to be to wake up dry and how happy he will feel all day at having won the battle at night. This tends to keep the importance of being dry in the child's mind; and probably these associations make the sensations from the bladder register more keenly on the brain, which gives the child a greater awareness of his need to urinate.

Much of the wetting that occurs during the day in children over 3 years of age is found in the busy, active, excitable youngster who is so engrossed with the outside world that he is hardly aware of the calls of nature, whether it be to empty his bladder or to fill his stomach. Children have not the voluntary control of the sphincter muscles that the adult possesses, and when they wait to urinate beyond a reasonable period they are lost, regardless of their good intentions and will power.

In dealing with this particular group of cases something must be done to impress the children with the importance of attending to their physical demands. They must learn by experience that wetting their clothes is not a paying proposition, that it will invariably work out to their own disadvantage. Inasmuch as these children are greatly concerned with the outside world there is no more effective punishment than isolation. Being kept by themselves after an accident, not in bed but at rest without companionship, works wonders in a short time. If the child is prone to look upon this isolation with resentment it can always be carried out on a medical basis, the child being told, perfectly truthfully, that much of his trouble is due to excitement and excessive fatigue and that he needs absolute rest. This takes away any feeling of injustice that he may entertain about being cut off from companionship, and the experience still serves as a motive for greater effort in developing the dry habit.

A few children wet their clothes with what parents consider "malice aforethought." They will wait until they have been changed and cleaned up, then deliberately urinate. Each one of these cases is a study in itself. The routine measures for the ordinary habit cases and the punishment by isolation have no value with these children. Invariably we find by investigating the situation with care that the child's conduct is the result of some well-defined conflict, which is operating just below the level of consciousness.

Mary, aged 5 years, with an excellent family background and without any evidence of neurotic instability, who was easily trained at the age of 2, suddenly, to the utter dismay and alarm of her parents, began wetting and soiling her clothes during the day. A study of the case revealed almost at once that this conduct was probably in response to her jealousy of her little brother, aged 15 months. This presumption was substantiated by the therapeutic measures, which consisted in explaining to the parents that Mary had been somewhat neglected since the arrival of the new baby and in giving Mary some very definite responsibilities for his care. Within a week the problem ceased to exist.

Each one of these cases needs to be carefully studied, if possible by some one particularly interested in the mental life of the child. But if such a person is not available, do not feel that there is nothing

to be done, for often in a study of the situation as a whole (that is, the child, his environment, and the people with whom he comes in contact) some very obvious cause will reveal itself and the parents will be surprised that it had not occurred to them before. Often we see only the outstanding problem, which inconveniences, annoys, or worries us, and overlook entirely the situation that produces it.

It would be hardly fair to close this subject without saying that occasionally the habit of enuresis fails to respond to any of the simple methods suggested, that in spite of intensive study and treatment the habit occasionally persists. This may be due to an inherent weakness of the urinary system which there is no way of measuring at the present time. It may be that the habit serves some very useful purpose in the scheme of things in the life of the particular individual. Or it may be that the person treating the case has failed to determine the cause and therefore can not apply the necessary therapeutic measures.

ENVIRONMENT

The question, which is the more important, heredity or environment, has provoked endless discussion. "He's just like his father, and you can't do a thing with him" accounts to some people, frequently the mother's people, for all the bad traits a child may show. Others are sure that, no matter what his parents may have been, every child starts fresh and the conditions which surround him determine absolutely what he will be. Everyone knows that children from degraded homes who have been adopted by well-to-do families and have been given every advantage have turned out, some disgracefully and some so as to make worth while everything that has been done for them. What made the difference in results? Heredity? Perhaps. As the proverb has it, "You can't make a silk purse out of a sow's ear." Environment? Perhaps, also, some children who were surrounded by bad conditions during their early years were already started in unfortunate habits before they were transplanted. Moreover, the new conditions, supposedly better, may have been better in lodging, food, and clothing only. The child may have been brought up, in fact, by a feeble-minded nurse and the friends she met in the park, or may have led a lonely life starved of affection and been seen by his foster mother only when her social engagements permitted her to play with the child for a little while as she might with a doll.

After all it is useless to attempt to settle whether heredity or environment is the more important. Every living being is affected by both. The practical question is, What may be done to control both so as to secure the best results, whether we are trying to produce good corn, good pigs, or good people?

Experience in raising corn may be used as an illustration. It is a well-known fact that corn grown in fertile soil—that is, in a good environment—produces a much greater yield than corn grown in poor soil. Also, in a given soil the yield depends largely on the variety of corn used for seed; that is, on the heredity the corn has back of it. There are varieties which in fair soil will yield over 100 bushels per acre; others under the same conditions produce only miserable nubbins yielding less than 5 bushels per acre, or even no

seed at all. There is no use in arguing which is the more important in raising corn, good seed, or good soil and climate. It is important to make the best choice of seed we can and to plant it in the best soil we can find, or, if either one is necessarily poor, to make the most out of what we have.

Growing boys and girls involve somewhat the same problem. Their heredity is fixed, but the environment can often be improved. The importance of a living wage in maintaining a home in which children can be brought up successfully can not be overestimated. Crowded, insanitary quarters may make pale, stunted children, neither physically well nor mentally alert. A poor home drives the child for amusement to the streets and alleys, where he often meets, in the activities of a "gang" bent on mischief, much temptation from which a better home could have protected him. Even within the home, when there is no money to pay rent for sufficient rooms to give the family adequate privacy in sleeping quarters, little children are early aroused to sex interest and experiences, which they should have been spared until their development made them able to meet such experiences in a normal way. Not all children in these poor environments become criminals, paupers, or psychoneurotics, but environment has a great deal to do with the production of these types.

The problems of the home environment in the congested districts are many, and frequently the fact must be faced that for one reason or another conditions can not be made satisfactory. Fortunately resources outside the home are gradually being developed which are helping to solve the difficulties. The nursery schools and kindergartens are providing a place where little children under the school age may come together and slowly, by experience, learn how to live with the group. The Boy Scouts, Girl Scouts, Young Men's Christian Association, and Young Women's Christian Association continue for the older boys and girls the opportunity for social contacts and a chance to give and take.

There are also handicaps for children who are brought up in the apartments of the well-to-do. Often the parents' fear of the landlord's displeasure over injury to walls and woodwork and the complaints from neighbors because of noise may cause the children to be continually repressed. As in the poorer districts, there is little opportunity for play and social life. However, the economic pressure is less, and the parents should be free to devote more time and thought to the training of the young ones. Possibly the children of friends may be gathered together in small groups for play or stories or excursions to park and zoo, thus giving a chance for companionship with those of their own age. As the children grow older the community's resources for social activity should be brought into play for these children as well as for those in less comfortable circumstances.

The home is the workshop which, unfortunately, often spoils much good material. The parents are the ones who control the destiny of the child and make his environment to a large extent. Their mental ability, their control of their emotions, their interests, particularly their interest in the child, their ambitions or lack of them, their moral standards—these all determine what the child shall make out of the endowment that nature has given him. Some parents who

read to their children or tell them stories and answer their questions in an interesting and intelligent manner, though they do not alter the children's intellectual equipment, do furnish a rich soil in which the children may develop, and thus affect very much the point which their development may reach. Parents can even determine what kind of atmosphere the child's mind shall grow in—one of discontent, wrangling, deceit, and hate, or one of cheerfulness, sincerity, and love.

There are so many common environmental factors which result in disobedience, lying, stealing, and other forms of nonsocial conduct at a very early age that it is rare to find any one type of delinquency alone. It would be impossible to enumerate in any detailed way, even were time and space to permit, the factors, both inherent and acquired, tending to make the child a nonconformer. One can hope to do no more than to set parents thinking in terms of motives for undesirable conduct and attempting to ascertain the purpose served by this conduct in the life of the child.

Following are a few suggestions with regard to the delinquencies of early childhood:

The oversolicitous parent stuffs and overfeeds the emotional life of the child, whereas the stern, cold, forbidding parent deprives the child of mental nourishment, leaving him hungry and resentful. There is plenty of room between these two extremes to give a fair degree of assurance of strength and stability to the emotional life of the child so that he will neither suffer from hunger pains nor be nauseated by overstimulation.

There is a lamentable ignorance and an inexcusable lack of interest on the part of many parents as to the resources available and utilized by the child to gratify his pleasure-seeking tendencies.

So long as children are trained and dominated by personalities inadequate because of intellectual defects or an unhealthy outlook on life, so long are we going to have children whose characters are twisted and warped through suggestion and imitation of these parents.

The environment which many a normal child has the misfortune to inherit produces an unhealthy, antagonistic reaction on his part in an effort to improve it.

There is no reason why we should expect a normal child to adapt himself to an abnormal environment. The impulse to rebel in such situations is an indication of stability.

All too frequently it is the conduct which annoys and inconveniences parents that causes the most concern and not the type of conduct representing fundamental handicaps to the child in later life.

Hyperactivity, mischievousness, and curiosity are more apt to bring the child into conflict with parental authority than submissiveness, self-centeredness, and day dreaming, all of which indicate that the child is getting out of touch with the realities of life.

Very often inadequacy, inferiority, and delinquency are suggested to the child by family and neighborhood gossip regarding his difficulty in getting along at home or in school.

The parent who depends upon threats and punishment to bring about the desired conduct on the part of the child is often making a great deal of work later for the judge and the police court.

When cheating the child is held in the same contempt as cheating the adult, children will have a higher regard for truth and honesty.

No greater affliction can be thrust upon the child than that of inheriting the type of parents who refuse to allow him to grow up.



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